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ABSTRACT

The report presents summaries of evaluations of the Coordinated Assessment and Program Planning for Education (CAPE) Program and the Coordinated Rehabilitation and Education (CORE) program for multi-handicapped sensory impaired and/or communication and behavior disordered children and their families in Alberta, Canada. Each program is evaluated separately, with detailed analyses of specific components for various handicap groups. Recommendations emphasize the need to increase public awareness about CORE/CAPE services, clarify eligibility criteria, expand eligibility criteria in outreach areas due to the small catchment population, and increase family involvement during assessments and consultations. Sample evaluation questionnaires are appended. (CL)

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FINAL REPORT

EVALUATION OF THE CAPE AND CORE PROGRAMS FOR SENSORY-IMPAIRED MULTI-HANDICAPPED CHILDREN IN THE PROVINCE OF ALBERTA

MAY 20, 1985

Prepared For:
Alberta Education

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ACKNOWLEDGEMENTS

The project team was deeply impressed by the efforts of both the CAPE and CORE Programs to serve the needs of sensory impaired multi-handicapped children in Alberta. Both programs should continue to receive support and their further development should be encouraged.

The CAPE and CORE Programs represent unique services in Canada for the sensory impaired, multi-handicapped. The services provided to this low incidence population of students, from recognition of their multiple and severe handicaps to actual educational program provision, are singularly unique in the Dominion of Canada. The foresight and leadership shown by Alberta Education for initiating these services, and allowing each program to develop separately to meet the unique needs of Southern and Northern Alberta respectively, must be applauded. Moreover the leadership of the two municipal school divisions also must be recognized and applauded.

The philosophy of each program of promoting the dignity and worth of each child, regardless of the severity of their handicapping conditions, is also very positive and should be publicly supported. The view that every child has the right to be provided the means by which to develop his/her abilities to the fullest potential, and to achieve the highest possible quality of living experience, should also be nurtured and encouraged.

The CAPE and CORE Programs should serve as models to any other school systems in Canada supporting the severely, multiply handicapped student within the mainstream of community education and living. It is essential that education jurisdictions continue to be the major focus of delivery of these services. Aside from the family, this is the one societal influence with sufficient scope and duration of contact with the child to provide the necessary supports to the child's growth and development in the community.

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PROJECT BACKGROUND

On January 2, 1985, Rutland Consulting Group Limited was engaged by Alberta Education to undertake an evaluation of the Coordinated Assessment and Program Planning for Education (CAPE) Program and the Coordinated Rehabilitation and Education (CORE) Program. The purpose of the evaluation is to determine the extent to which the assessment and consultation components of CAPE and CORE are meeting program objectives. Moreover, the evaluation is intended to determine if program objectives are being achieved in a cost effective and efficient manner.

The outcome of this study is to evaluate the efficacy, effectiveness, and efficiency of the CAPE and CORE Programs. Efficacy examines whether a program is achieving its intended purpose. Efficiency is the production of a desired effect while expending the least number of resources. Effectiveness is the accomplishment of a desired result. The project team applied these criteria throughout the evaluation process.

CORE/CAPE PROGRAM DESCRIPTIONS

CORE

On May 8, 1981, the Calgary Board of Education and the Minister of Education entered into an agreement (1) to provide educational services to multi-handicapped sensory impaired children who reside in Southern Alberta, and (2) to develop programs and allocate staff and facilities to provide full services under a program to be known as the Coordinated Rehabilitation and Education Program (CORE). This agreement was subsequently amended to extend services to children with communication and behavioural disorders.

The CORE Program provides an extensive range of services, to multi-handicapped sensory impaired and/or communication and behaviour disordered children and their families, including:

- assessment;
- programming;
- special class placement;
- summer school;
- support for appropriate educational settings;
- school and other agency consultation;
- parent counselling; and
- facilitation of parent group activities.

The services provided by the CORE Program are grounded in a philosophy which promotes the dignity and worth of each child regardless of severity of disabling condition, and upholds the right of every child to be provided with the means to develop his/her abilities to the fullest potential and to achieve the highest possible quality of living experience.

CAPE

On March 2, 1982 the Board of Trustees of the Edmonton School District No. 7 and the Minister of Education entered into an agreement to provide various educational services to multi-handicapped sensory-impaired children, their educators, and parents who reside in Northern Alberta under the designation "Coordinated Assessment and Program Planning for Education" (CAPE). The services provided under the contract consist of two parts: (1) services to students; and (2) services to the adults who work with those students. Within the context of the overall program goal, several sub-goals have been identified:

- provide comprehensive assessment services to sensory multi-handicapped, communication or behaviour (autistic) disordered pupils from birth to eighteen years of age residing within Northern Alberta.

- provide preschool (2½ to 5½) and school (5½ to 18) programs within the district for sensory multi-handicapped, communication and behaviour disordered pupils.

- provide summer intervention programs within the district and outreach support services within Northern Alberta for sensory multi-handicapped, communication or behaviour disordered pupils (2½ to 18 years of age).

- provide consultation, professional development and resources to personnel working with sensory multi-handicapped, communication or behaviour disordered pupils (birth to 18 years of age) within Northern Alberta.

CORE/CAPE PROGRAM EVALUATION FINDINGS AND RECOMMENDATIONS

This assignment was undertaken from the perspective that program evaluation is a management tool which provides feedback information for decision-making. It enables an organization to assess (1) progress toward completing a program plan, (b) whether or not objectives have been reached, (c) whether alternative routes should be pursued, (d) the effectiveness of the program, and (e) the impacts of the program.

The project team was deeply impressed by the efforts of both the CAPE and CORE Programs to serve the needs of sensory impaired multi-handicapped children in Alberta. Both programs should continue to receive support and their further development should be encouraged.

Exhibit I provides a summary of the main recommendations, and indicates who should accept responsibility for implementation. The rationale for each recommendation is provided in the report. The main thrust of the recommendations is to increase public awareness about CORE/CAPE services, clarify eligibility criteria, expand eligibility criteria in outreach areas due to the small catchment population, and increase family involvement during assessments and consultations.

EXHIBIT I

SUMMARY OF CAPE/CORE RECOMMENDATIONS

Recommendation	Responsibility			
	Alberta Education	Edmonton Public School Board	Calgary Board Of Education	CAPE/CORE Centres
ASSESSMENT SERVICES (Sections 2.9 and 3.9)				
1. Increase public awareness.				X
2. Establish mechanisms for cross referrals between CAPE/CORE and the Glenrose Children's Hospital/Alberta Children's Hospital.	X			
3. Clarify eligibility criteria.	X	X	X	
4. Expand eligibility criteria in out-of-district locations.	X	X	X	
5. Ensure that mechanisms exist to assist teachers in translating assessment information into Individual Program Plans.				X
6. The assessment of functional competencies appears to be implemented on a modest basis. It is recommended that this process be increased, particularly with functional skills for community living and for competencies in the vocational training areas.				X
7. Increased analysis of the home environments should be initiated in order to coordinate and enhance the family's capacity in caring for their child's educational needs.				X

EXHIBIT I

SUMMARY OF CAPE/CORE RECOMMENDATIONS (continued)

Recommendation	Responsibility			
	Alberta Education	Edmonton Public School Board	Calgary Board Of Education	CAPE/CORE Centres
ASSESSMENT SERVICES				
8. Although the CAPE/CORE libraries have many good resources for parents and teachers, a greater variety of equipment is required for demonstration with teachers, particularly regarding hearing aids, communication systems, self-help devices, chair supports and other prosthetic devices.				X
9. Resource Area Teams ought to undergo clinical review bi-annually by discipline area expert. In addition, Service Area Teams ought to undergo a clinical audit once a year by a person(s) with trans-disciplinary background.				X
10. Some emphasis should be placed upon the development of sufficient contact times for assessment, particularly in terms of teacher/student observations. When an assessment must be rather brief by virtue of the child's characteristics, this brevity should be discussed with the teacher and principal.				X

EXHIBIT I

SUMMARY OF CAPE/CORE RECOMMENDATIONS (continued)

Recommendation	Responsibility			
	Alberta Education	Edmonton Public School Board	Calgary Board Of Education	CAPE/CORE Centres
ASSESSMENT SERVICES				
11. Needs Assessments should be used with all out-of-district Boards and schools before full assessments begin.				X
CONSULTATION SERVICES (Sections 2.14 and 3.14)				
1. Increase public awareness of consultation services.				X
2. Increase consultation services to out-of-district teachers.				X
3. Establish a unit pricing scheme for out-of-district consultations.		X	X	X
4. Home visits and parental contacts should be a mandatory component of the out-of-district consultation service.				X
5. Personnel both in-district and out-of-district should be clearly informed of the consultation services available for children in transition to various programs.				X
6. Vocational preparation should be more strongly emphasized as an area of program consultation and assistance. This facet is particularly important in rural areas where a student may be looking to local community resources for vocational activities after leaving a school program.				X

EXHIBIT I

SUMMARY OF CAPE/CORE RECOMMENDATIONS (continued)

Recommendation	Responsibility			
	Alberta Education	Edmonton Public School Board	Calgary Board Of Education	CAPE/CORE Centres
7. Teaching staff should be prepared through workshop in-service formats to acquire the necessary skills to request consultation.				X
8. CAPE/CORE assessment and consultation services can be viewed by out-of-district or outreach school districts as supplementary to locally provided and funded services to CORE/CAPE eligible students.	X			X
IN-SERVICE TRAINING (Sections 2.15 and 3.15)				
1. Specific topics should be addressed in an on-going manner through in-service programs. These areas include screening and child identification, administration awareness and program support, positive and non-aversive behaviour management methods and innovative approaches to pre-linguistic and early linguistic communication approaches.				X
STAFF DEVELOPMENT (Sections 2.16 and 3.16)				
1. Staff require specific professional development activities within their discipline and ought to be able to obtain this preparation, even if somewhat extended (two to three weeks) periods of time may be required. The two universities preparation programs should be accessed for these proposed professional development functions.		X	X	X

1.0 PURPOSE AND BACKGROUND

1.1 PROJECT BACKGROUND

On January 2, 1985, Rutland Consulting Group Limited was engaged by Alberta Education to undertake an evaluation of the Coordinated Assessment and Program Planning for Education (CAPE) Program and the Coordinated Rehabilitation and Education (CORE) Program. The purpose of the evaluation is to determine the extent to which the assessment and consultation components of CAPE and CORE are meeting program objectives. Moreover, the evaluation is intended to determine if program objectives are being achieved in a cost effective and efficient manner.

The outcome of this study is to evaluate the efficacy, effectiveness, and efficiency of the CAPE and CORE Programs. Efficacy examines whether a program is achieving its intended purpose. Efficiency is the production of a desired effect while expending the least number of resources. Effectiveness is the accomplishment of a desired result. The project team applied these criteria throughout the evaluation process.

This assignment was undertaken from the perspective that program evaluation is a management tool which provides feedback information for decision-making. It enables an organization to assess (a) progress toward completing a program plan, (b) whether or not objectives have been reached, (c) whether alternative routes should be pursued, (d) the effectiveness of the program, and (e) the impacts of the program. Accordingly, Alberta Education intends to use the results of this study in negotiating new contracts with the Edmonton and Calgary Public School Boards respectively for delivery of the CAPE and CORE Programs.

1.2 PROJECT ORGANIZATION

For this assignment Rutland assembled an interdisciplinary team with experience in program evaluation, assessment and planning for sensory multi-handicapped individuals, and a strong appreciation for the kind of services provided by the CAPE and CORE Programs. The collective experience and expertise which each study team member brings to the project is detailed in the next several paragraphs.

Exhibit I reflects the organization of the project team. The Steering Committee, which consisted of representatives from Alberta Education as well as the Calgary and Edmonton Public School Boards of Education, monitored the progress of the study and reviewed all reports by the project team. The Steering Committee also assisted the study by ensuring that all necessary data respecting different aspects of the CAPE and CORE Programs were provided to the project team.

The project team was under the direction of a Project Manager, who is a Partner of the Rutland Consulting Group. In his capacity he worked closely with the Steering Committee to jointly refine the work program and to participate in regular project reviews and the preparation of reports.

The Project Manager was also responsible for the detailed planning of the work to be carried out, and for the day-to-day direction of the consulting resources involved. He held ultimate responsibility for the quality of all aspects of the work and for ensuring that time schedules were adhered. In addition, he was the prime point of contact for the Steering Committee.

Dr. Gerard Kysela was responsible for the evaluation of the assessment and consultation components of the CORE and CAPE Programs. Dr. Kysela utilized the expertise of Dr. Sally Rogow in the area of visual impairment, and Ms. Mary Ann Bibby, in the area of hearing impairment. These resources were used, as required, to examine specific aspects of the CAPE and CORE Programs.

Research support staff assisted in evaluating the organization and financial infrastructure of the CAPE and CORE Programs.

1.3 METHODOLOGY

Program evaluation is a management tool which provides feedback information for decision making. Within the context of the objectives of the evaluation Rutland Consulting Group developed a systematic methodology to evaluate these two programs and the educational aspects of programming for CAPE and CORE eligible students. The process, which consists of five (5) phases, was designed to address the issues in the Request for Proposal. Exhibit II notes the main features of the process.

During the course of the assignment, the project team reviewed and analyzed a variety of information for each program, including:

- Program Objectives of Assessment and Consultation
- Organization Chart
- Policy/Procedures Manual
- In-service Training Manual for Staff
- Operational Definition of Students
- Job Descriptions
- Staff Resumes
- Competency Maps (for staff)
- Referral Sources (examples)
- Assessment Instruments
- Individualized Program Plans
- Consultative Team Diaries
- Assessment Test Data
- Number of Existing and Potential Students and Student Profiles
- Geographic Distribution of Existing Students by Region
- Description of Physical Facilities
- Annual Reports

EXHIBIT I

PROJECT ORGANIZATION

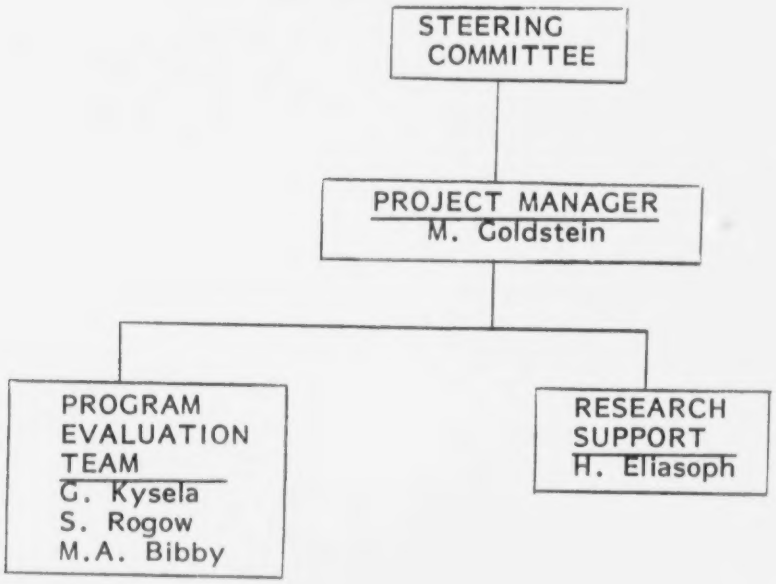
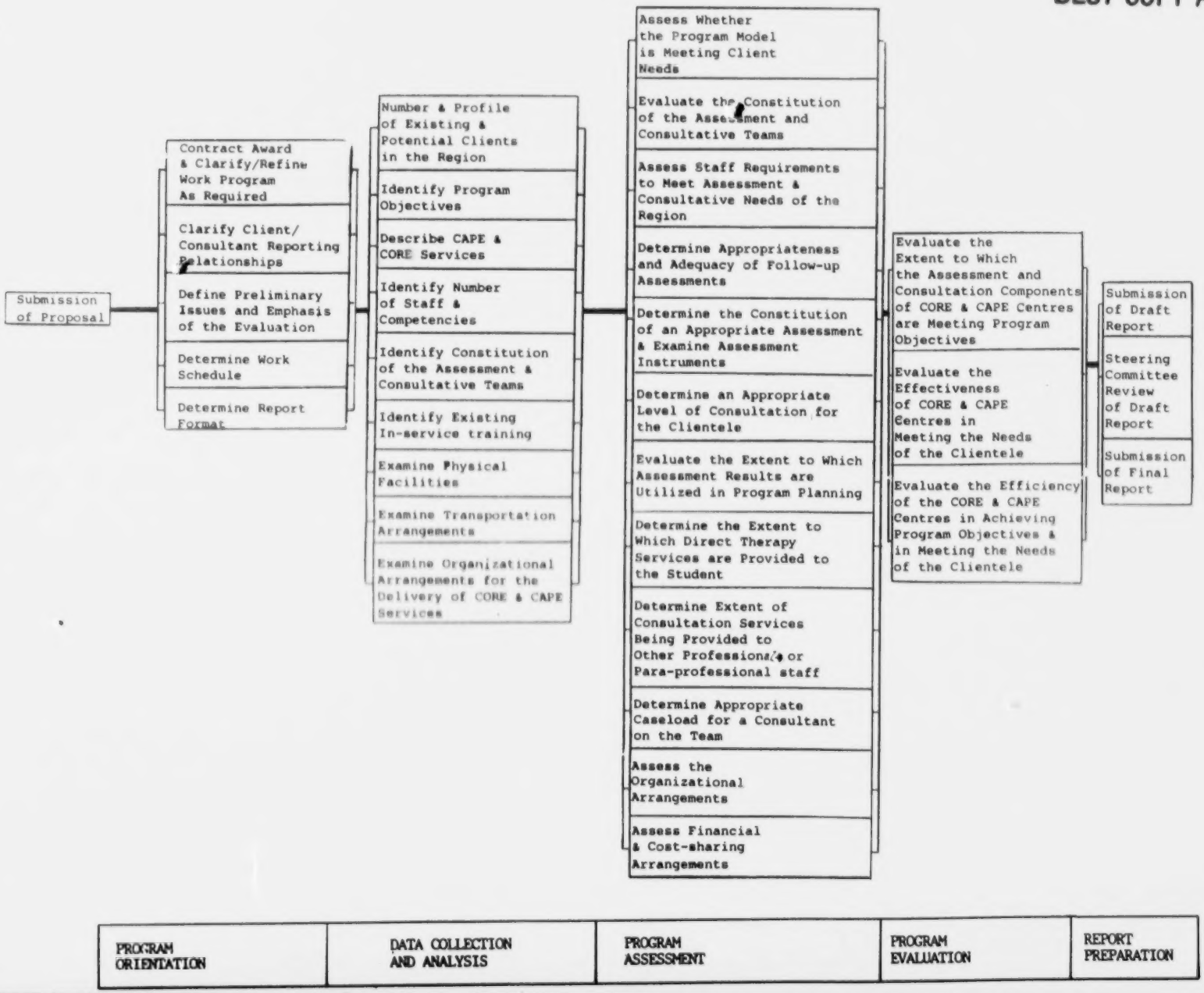


EXHIBIT II

BEST COPY AVAILABLE


Submission of Proposal
Contract Award & Clarify/Refine Work Program As Required
Clarify Client/ Consultant Reporting Relationships
Define Preliminary Issues and Emphasis of the Evaluation
Determine Work Schedule
Determine Report Format
Number & Profile of Existing & Potential Clients in the Region
Identify Program Objectives
Describe CAPE & CORE Services
Identify Number of Staff & Competencies
Identify Constitution of the Assessment & Consultative Teams
Identify Existing In-service training
Examine Physical Facilities
Examine Transportation Arrangements
Examine Organizational Arrangements for the Delivery of CORE & CAPE Services
Assess Whether the Program Model is Meeting Client Needs
Evaluate the Constitution of the Assessment and Consultative Teams
Assess Staff Requirements to Meet Assessment & Consultative Needs of the Region
Determine Appropriateness and Adequacy of Follow-up Assessments
Determine the Constitution of an Appropriate Assessment & Examine Assessment Instruments
Determine an Appropriate Level of Consultation for the Clientele
Evaluate the Extent to Which Assessment Results are Utilized in Program Planning
Determine the Extent to Which Direct Therapy Services are Provided to the Student
Determine Extent of Consultation Services Being Provided to Other Professional or Para-professional staff
Determine Appropriate Caseload for a Consultant on the Team
Assess the Organizational Arrangements
Assess Financial & Cost-sharing Arrangements
Evaluate the Extent to Which the Assessment and Consultation Components of CORE & CAPE Centres are Meeting Program Objectives
Evaluate the Effectiveness of CORE & CAPE Centres in Meeting the Needs of the Clientele
Evaluate the Efficiency of the CORE & CAPE Centres in Achieving Program Objectives & in Meeting the Needs of the Clientele
Submission of Draft Report
Steering Committee Review of Draft Report
Submission of Final Report
PROGRAM ORIENTATION
DATA COLLECTION AND ANALYSIS
PROGRAM ASSESSMENT
PROGRAM EVALUATION
REPORT PREPARATION

In addition, structured questionnaires were administered to the Program Managers of CAPE and CORE during a one-to-one interview (see Appendix I), and questionnaires were mailed to a sample of teachers and parents. Appendices II and III contain the questionnaires, while Exhibit III indicates the response rates.

Lastly, members of the project team visited the CAPE and CORE Centres, as well as specific schools which use the services of each Program. During the site visits, Dr. Kysela, Dr. Rogow, and Ms. Bibby met with the following personnel:

CAPE SPECIALISTS

- Audiologist
- Speech Therapist
- Specialist for Hearing Impaired
- Specialist Vision
- Specialist for Orientation and Mobility
- Behaviour Specialist
- Psychologist
- Education Specialist
- Physiotherapy Resource Team
- Occupational Therapy Resource Team
- Intake Coordinator

CORE SPECIALISTS

- Audiologist
- Communications Therapist
- Orthoptist
- Occupational Therapists
- Physiotherapists
- Psychologist
- Family Counsellor
- Behavioural Teachers
- HIMH Teachers
- VIMH Teachers
- Program Specialist (Vision)
- Program Specialist (Hearing)

All of the collected information was analyzed in order to answer the questions raised in the Request for Proposal, and outlined in Exhibit II. Within the context of presenting our answers to the issues posed in Exhibit II, the primary data base for the evaluation emerged from the project team's synthesis and analysis of program material, interviews with the Program Managers, site visits and synthesis of teacher and parent questionnaires. This experiential data base reflects the expertise and experience of the project team. Moreover, figures from the teacher or parent surveys have been included. The next section of the report presents our findings and recommendations respecting the CAPE Program.

EXHIBIT III

RESPONSE RATES TO THE TEACHER AND FAMILY QUESTIONNAIRE

	Number of Questionnaires Sent To Teachers		Number of Teacher Questionnaires Returned By April 30, 1985		Number of Questionnaires Sent To Parent Or Guardians		Number of Parent Questionnaires Returned By April 30, 1985	
PROGRAM	In-District	Out-of-District	In-District	Out-of-District	In-District	Out-of-District	In-District	Out-of-District
CORE	10	10	4	2	50	50	10	8
CAPE	20	26	18	4	85	85	7	10

2.0 EVALUATION OF THE CORE PROGRAM

2.1 INTRODUCTION

This section of the report presents our findings and recommendations respecting the CORE Program. Comments which were obtained from teachers during site visits and through the questionnaire, have been included. Material from the Family Questionnaire has also been incorporated. Our review was carefully conducted from the perspective that a program evaluation should assist an organization in modifying the program in order to achieve its intended purposes in a cost-effective and efficient manner.

This section of the report consists of six parts. Part 1 provides an introduction. Part 2 consists of an overview of the CORE Program. (Section 2.2)

Part 3 presents a detailed discussion of the CORE Assessment Services. Recommendations are also included. (Sections 2.3 to 2.9)

Part 4 presents a detailed discussion of the CORE Consultation Services. Recommendations have also been included. (Section 2.10 to 2.21)

Part 5 includes an analysis of the present organizational structure as well as the financial arrangements for program delivery. (Section 2.22)

Lastly, Part 6 provides a summary of our findings and recommendations concerning the CORE Program.

2.2 OVERVIEW OF THE CORE PROGRAM

On May 8, 1981, the Calgary Board of Education and the Minister of Education entered into an agreement (1) to provide educational services to multi-handicapped sensory-impaired children who reside in Southern Alberta, and (2) to develop programs and allocate staff and facilities to provide full services under a program to be known as the Coordinated Rehabilitation and Education Program (CORE). This agreement was subsequently amended to extend services to children with communication and behavioural disorders.

2.2.1 CORE Program Goals

The CORE Program provides an extensive range of services to multi-handicapped sensory-impaired and/or communication and behaviour disordered children and their families, including:

- assessment;
- programming;
- special class placement;
- summer school;
- support for appropriate educational settings;
- school and other agency consultation;
- parent counselling; and
- facilitation of parent group activities.

The services provided by the CORE Program are grounded in a philosophy which promotes the dignity and worth of each child regardless of severity of disabling condition, and upholds the right of every child to be provided with the means to develop his/her abilities to the fullest potential and to achieve the highest possible quality of living experience.

In order to provide an extensive range of services for children who qualify under the CORE Program, the following program goals have been developed:

- to provide comprehensive assessment of educational and functional levels and to plan appropriate programming (the GAIN Plan is the major operational tool for the provision of Special Education by the Calgary Board of Education. It determines the nature of exceptionality, the kind and extent of an assignment, assignment of case responsibilities, and all the specifics of an individual program plan);

- to establish needs (GAIN Plan) and recommend program strategies whereby the needs will be met;

- to provide consistent, systematic, direct programming and support according to the GAIN Plan through the use of individual program plans (I.P.P.'s); and

- to monitor progress objectively and regularly with subsequent alteration and modification of programming.

These program goals focus on the provision of services to children in the CORE Program, and outline the major tasks involved in service delivery; a) provide assessment, b) plan appropriate programming, c) establish needs, d) recommend program strategies, e) provide programming and support, and f) monitor progress.

Within the context of the program goals, specific program objectives respecting the major target groups are presented in Exhibit I. In addition to the student-based goals and objectives, goals have been developed for related aspects of the CORE Program, as described in the next several paragraphs.

Community Goals

Community oriented goals are designed to provide awareness, support and involvement among selected community groups such as parents, teachers and professionals respecting the CORE program. These include:

- provision of parental support and counselling;

- co-operation with professionals who provide other services to the children; and

- share expertise through provision of in-service training and by writing for professional journals.

Professional Development Goal

Due to the specialized nature of the services provided under the CORE Program, and the limited number of highly qualified professionals, considerable emphasis is placed on staff training. Toward this end, funds are provided for professional development and research. The CORE Program has established the following goals respecting professional development:

- to encourage ongoing professional development, increasing skills and expertise in assessment and programming; and
- to provide opportunities for research which will enhance knowledge in dealing with the provision of appropriate services to disabled children.

Outreach Goal

While the CORE Program is administered by the Calgary Board of Education, its mandate requires that services be extended to Southern Alberta. Accordingly, CORE has established an Outreach Program which provides the services to students of school jurisdictions throughout Southern Alberta. The goals of the Outreach program are as follows:

- to provide assessment, consultation and program recommendations for students referred from school jurisdictions in Southern Alberta;
- to provide placement and programming for students in need of intensive service, at the request of referring school jurisdictions; and
- to provide in-service for staff of other school jurisdictions.

2.2.2 Service Area and Population

The CORE Assessment and Program Services are designed to serve students who are sensory-impaired, multi-handicapped or who have autism or severe language disorders. Students served by CORE staff represent the entire range of cognitive ability.

The service area covered by CORE is south of the line described by the northern boundaries of the following school jurisdictions in Alberta:

- Count of Mountain View #17;
- County of Red Deer #23;
- Starland School Division #30;
- Rangeland School Division #9; and
- Acadian School Division #8.

EXHIBIT I

CORE PROGRAM OBJECTIVES BY TARGET GROUP

Target Group	Program Objective
Sensory-impaired Multi-handicapped	• to develop communication systems which allow the child some control over his environment; • to establish appropriate social and learning behaviours; and • to maximize physical potential.
Communication (Aphasic) Disordered	• to develop and improve oral communication skills; and • to develop strategies for coping in the most enabling educational environment.
Severe Behaviour (Autistic) Disordered	• to establish social interaction and communication skills; • to develop appropriate self-management skills through the elimination of interfering behaviours; and • to develop independent self-help skills.

During the 1984-85 school year CORE extended services to 173 students and their teachers in Calgary and throughout Southern Alberta. Exhibit II indicates the number of children by target group, identifies pre-schoolers, and differentiates between (1) students under the jurisdiction of the Calgary Board of Education; and (2) students in the outreach program, which includes all school districts in Southern Alberta except the Calgary Board of Education.

The following observations can be made on the basis of the information contained in Exhibit II:

- the proportion of pre-schoolers in the Outreach areas is half that for the in-district program;
- visually impaired, multi-handicapped students are the single largest group comprising more than 60 percent of the total student population and almost 90 percent of the pre-schoolers; and
- almost 80 percent of students in the Outreach areas are classified as vision-impaired, multi-handicapped, with few students in the other target groups.

2.2.3 CORE Assessment Centre and Program Schools

The CORE Program is located in several schools throughout the Calgary Board of Education jurisdiction. Exhibit III indicates those schools in which CORE students are concentrated and indicates the nature of the student grouping at each school.

The main assessment team and classroom programs are based at the CORE Assessment Centre at Emily Follensbee Centre. Exhibit IV provides a list of facilities at the CORE Assessment Centre. A secondary assessment team operates from the Christine Meikle School. The majority of assessments are conducted at the CORE Assessment Centre over an intensive two-day period. Where appropriate, parents and teachers are encouraged to participate in the assessments.

2.2.4 CORE Staff

The assessment team is composed of several disciplines, with the total number of staff positions in the CORE Program indicated in parenthesis. In addition, there are eleven classroom teachers and thirty classroom aides, including:

- Audiology (1.0)
- Orthoptics (0.7)
- Psychology (2.0)
- Family Counselling (2.0)

- Occupational Therapy (5.5)
- Physiotherapy (4.0)
- Special Education (2.0)
- Communication Therapy (4.2)

Staff turnover among the disciplines which comprise the assessment team has been minimal. Few staff recruitment problems have been experienced, with the exception of physiotherapists and occupational therapists. This is a result of a general shortage of therapists in both disciplines.

Several activities are intended to achieve goals respecting staff training. There are three professional development days per annum where staff are given time off from work to upgrade their skills. There are also monthly in-services for speciality staff and case conferencing by the assessment teams. In addition, a professional development fund has been established to provide funds for conferences, guest speakers and workshops.

2.3 ASSESSMENT SERVICES

The Assessment Service includes program planning, monitoring and follow-up assessments. Parent counselling and teacher consultation are two major functions of the assessment staff.

Program planning is based on an assessment of the student, with information derived from several sources, including:

- observation;
- standardized assessment tools;
- input from teaching staff;
- input from other team members;
- informal testing; and
- probes for augmentative communication systems.

After an assessment is completed, students are placed in one of the three CORE programs:

1. Intensive — Full time placement in a CORE class. Classes located in various schools throughout the system.

2. Support — Assistance from itinerant therapists or specialist teachers and provision of classroom assistants to students who are in an educational setting which provides the most appropriate academic or social environment but is inadequate to meet their special needs without additional service from the CORE team.

3. Preschool — Preschool children may be referred for assessment regardless of age. Follow-up support and advice for parents is then available. From the age of 2½ years, half day intensive programming is available.

EXHIBIT II

CORE STUDENT POPULATION FOR 1984-85

	Hearing Impaired Vision Impaired	Hearing Impaired Multi-Handicapped	Vision Impaired Multi-Handicapped	Severe Behavioural Disorder	Communication Disorder	Total
IN-DISTRICT						
Total (including ECS)	0	20	77	18	19	134
ECS	0	1	16	0	0	17
OUTREACH						
Total (including ECS)	2	4	31	1	1	39
ECS	0	1	7	0	1	9
TOTAL						
Total (including ECS)	2	24	108	19	20	173
ECS	0	2	23	0	1	26

Source: CORE Program.

EXHIBIT III

CORE PROGRAM SCHOOLS AND STUDENT GROUPINGS

SCHOOL	AGE GROUP	STUDENT GROUPING
Emily Follensbee Centre (Age: 2½ years - 5½ years)	Pre School	Autistic Sensory-impaired Multi-handicapped Severe Behavior/ Communication Disorder
Emily Follensbee Centre (5½ years - 18 years)	School Age	Sensory-impaired Multi-handicapped
Fred Parker School (5½ years - 14 years)	School Age	Severe Behaviour (Autistic) Disorder
Christine Meikle School (12 years - 18 years)	School Age	Severe Behaviour Disorder
Queen Elizabeth Elementary School		Hearing-impaired Multi-handicapped
Victoria Community School		Sensory-impaired Multi-handicapped
Eugene Coste Elementary School) Alex Ferguson Elementary School) Tuxedo Park Elementary School)	- CORE Language Classes	

EXHIBIT IV

CORE ASSESSMENT CENTRE FACILITIES

- 3 pre-school classrooms
- 1 pre-school play area
- 7 school age classrooms
- Assessment offices and therapy rooms
- Gross/fine motor area
- Therapeutic pool and change area
- Student kitchen
- Indoor atrium
- Three bedroom apartment to accommodate parents while child is being assessed
- Nurse's room and splinting area
- Observation areas - gross motor
  - pre-school

All children in CORE programs are re-assessed regularly and may be moved from one level of service to another as needs dictate.

Children who meet the CORE criteria, and are receiving consultation and support services are located in several schools throughout the Calgary Board of Education and school districts in Southern Alberta.

Follow-up and monitoring comprise several steps. First, a team meeting of assessment staff is held to review and share information, and a group needs list is determined. Second, individualized program plans are prepared as per the priorized needs list. Third, student programs are implemented by the teacher and monitored in the classroom environment by teaching staff and relevant therapists. Fourth, students are re-assessed on an annual, or as required basis, and appropriate revisions to the needs list and GAIN Plan are made.

On average, seven CORE staff are involved in an assessment which takes approximately thirty to thirty-five hours to administer, including team meetings and writing reports and recommendations. Follow-up to assessment is generally conducted by one or two team members, and requires about four to five hours of staff time. This includes travel time since most follow-ups are conducted in the classroom. The six teachers who completed the questionnaire (4/10 in-district and 2/10 out-of-district) indicated that they were satisfied, to some degree, with the assessment services (mean of 5.7 on a seven point satisfaction scale, where '1' was Very Dissatisfied and '7' was Very Satisfied). They also noted (5/6) that interpretation of the assessment results were adequate. However, 40 percent (2/6) of the teachers who responded to the questionnaire, indicated that follow-up to assessments were inadequate.

On a monthly basis, approximately eight to ten assessments and 30 to 35 follow-ups are completed, within the school year.

2.3.1 Referrals to the CORE Program

Referrals are accepted from the day of diagnosis to age 18 for children who are residents of Southern Alberta. Referrals of school age children are always made through their local school district office. For pre-school children, referrals are accepted from family doctors, public health nurses, day care staff or other agencies.

All referrals must include (a) the approval of the child's parents for the referral and (b) copies of the relevant reports on the handicapping conditions. Referrals are sent to the Principal of Emily Follensbee Centre.

In addition, potential students are located through the following screening processes:

- the CORE audiologist and orthoptist screen children in special classes within the City of Calgary (Calgary Board of Education and Calgary Separate Board) and other referrals for screening are also made by agencies and other programs respecting sensory-impaired multi-handicapped; and

- the Calgary Board of Education, School Resource Groups refer children with communication and behavioral disorders to the CORE Program specialist after they have completed their screening and placement process.

The weekly planning sessions at CORE are also useful in screening students referred to the Program. These meetings are used to review and priorize prospective assessment candidates.

2.3.2 Place of Assessment

Children being assessed are uniformly brought to assessment sites within the Calgary Board of Education for at least 2 days for out-of-town children and up to six weeks for in-city children. Several advantages are apparent with this system.

- the whole team is available to work with the child;
- other children at higher and sometimes lower functioning levels are present; and
- families can be intimately involved in the process.

Disadvantages to this method include the following:

- presence of untypical behaviour patterns due to strange settings and persons;
- the need to transfer back to original staff and settings assessment results and program plans; and
- the team is generally unavailable on a continuing basis in the outreach setting.

More coordination of staff time is required to provide staff with lead time to schedule assessments. In some cases, conflicts arise between assessment and support to teachers at Emily Follensbee Centre.

One to two assessments per week are being completed for those students in the outreach areas. In many cases, the teacher from the child's home school is able to participate in some or most aspects of the assessment, providing and receiving valuable information.

2.3.3 Reporting Results and Program Planning

The CORE reporting format is an effective means of recording and reporting program results. First, strengths and needs are identified; second, needs are priorized; and third, a plan of action is developed. This process effectively captures, in an educationally relevant manner, the complex assessment process, and puts needs into perspective in terms of the child's overall functioning. In addition, the team needs list serves to ensure an integration of the assessment findings.

Outreach district and school needs assessments should be done by CORE staff before full assessments begin in order to:

- aid in determining the system's and school's capacity to sustain a service to eligible children;
- highlight staff needs; and
- identify potential students.

CORE uses the GAIN Plan as a vehicle for the translation of assessment results into specific programs, although in the outreach areas their use is quite variable. However, more follow-up does seem to be necessary both in and out-of-district to assist teaching staff in the implementation phase. In this sense the program certainly serves a staff development function whether it's intended to or not.

A full time staff position may be required to provide follow-up particularly in the outreach areas.

2.3.4 Follow-up and Program Implementation

Follow-up at school, where CORE classes exist, is excellent for all disciplines, but less effective at support schools. In the outreach areas there is minimal follow-up. The reason for poor follow-up in the outreach areas is due, in part, to the fact that the CORE Program believes it is necessary to develop an operational model for the Calgary Board of Education before using the model in outreach areas. However, the program has been slow in responding to the needs of the outreach areas respecting follow-up, and more emphasis should be directed toward this service gap.

Within district, and particularly at the main schools, CORE staff provide a considerable amount of direct service (50 percent of their time). These same staff are also very effective at role sharing and role release. For example, con-joint assessments by several specialists at the same time - orthoptist, physiotherapist and occupational therapist.

Follow-up in the outreach areas often is turned over to an indigenous, professional, such as a local speech pathologist or physiotherapist. However, these local people may or may not be able to implement the program, since often they are untrained in pediatric areas of their discipline and untrained to work with the handicapped. Sometimes follow-up is very difficult because teachers and CORE workers standards are more stringent than child care worker's standards.

One further problem is the confusion by staff respecting the transition between assessment, follow-up and consultation. Guidelines are required in order to:

- outline the overall process;
- provide a description of functions in each service area;
- denote the key CORE actors and their responsibilities; and
- indicate the role of other groups; for example, referral agents, parents and teachers.

2.4 ASSESSMENT OF CORE PROGRAM FOR HEARING IMPAIRED MULTI-HANDICAPPED CHILDREN

This section of the report contains an assessment of how well the CORE Program responds to the needs of the hearing impaired multi-handicapped. Our analysis includes a discussion of the referral process, assessment, consultation, and in-service. Moreover, specific recommendations have been provided to assist the CORE Program in delivering cost-effective service in an efficient manner.

2.4.1 CORE Referral Process For The Hearing-Impaired Multi-Handicapped

CORE utilizes an open referral system in which Calgary Board of Education teachers of the hearing impaired can contact the CORE staff for an assessment. The time between a referral and an assessment is considered by the teachers to be adequate. Occasionally, the process is delayed because medical reports take a long time to obtain.

All teachers in CORE felt that the criteria for multi-handicapped hearing-impaired was unclear, and difficult to determine. Due to the nature and implications of hearing loss, it is often very difficult if not impossible to categorize related problems. This problem arose to a significant degree in the CORE Language Program and as a result, the criteria should be carefully examined and clarified so that they are understandable to all concerned.

In addition, in rural areas several referrals of children with single handicaps are being made to CORE because the needs of these children are no longer being met by Alberta Education consultants. These referrals have resulted in an increased workload for those CORE staff who are responsible for providing screening and assessment services.

However, cost-effective service can best be delivered in the rural areas if the eligibility criteria are expanded in rural areas only. This would increase the size of the catchment population which, in turn, would justify sending staff into the outreach areas.

2.5 CORE ASSESSMENT SERVICES FOR THE HEARING IMPAIRED MULTI-HANDICAPPED: A DETAILED ANALYSIS OF SPECIFIC COMPONENTS

This section of the report focuses on specific components of the CORE assessment services, including:

- breadth and adequacy of assessment process;
- scope of synthesis of assessment information;
- constitution of assessment teams;
- staff requirements;
- breadth and depth of assessments and the instruments employed; and
- follow-up to assessments.

2.5.1 Breadth and Adequacy of Assessment Process For Hearing Impaired Multi-Handicapped

The assessments conducted by CORE are comprehensive, and where testing cannot be done, there is access to other services at Alberta Children's Hospital. Program specialists act as interpreters of results for teachers and provide feedback to teachers respecting the implementation of IPP's. The specialists provide an essential link to the successful programming for the child. As well, several schools can use members of their own assessment teams and are able to draw from CORE as required.

In order to strengthen the pooling of information before results are sent back to client, a summary sheet for the teacher which pulls together information from each discipline might help to delineate priorities.

One of the strengths of the CORE program lies in the fact that several programs are already in place for time series observational assessments. This provides an ideal opportunity for cooperation among CORE staff and families, and allows time for gathering important information. There is also a need to translate this information into classroom practice, perhaps through a specific use of the GAIN Plan.

2.5.2 Constitution of Assessment Teams for the Hearing Impaired Multi-Handicapped

The assessment teams are comprised of competent skilled professionals who seem to interact well and support each other. There is excellent cooperation between most team members. The CORE staff appear to operate in a cohesive manner probably because of close contact and interaction.

Consideration should be given to designating an assessment team and a direct services team. This could facilitate more effective scheduling of activities, particularly at the CORE Assessment Centre (Emily Follensbee Centre). Moreover, this structure may help to define, clarify and priorize roles and responsibilities.

Teachers expressed a wish to have input before assessments, to observe the assessments, and also asked about receiving in-servicing on the tests being used.

2.5.3 Staff Requirements for Hearing Impaired Multi-Handicapped

Minimum entry competencies for CORE staff are satisfactory. Classrooms and clinical facilities are readily accessible to most CORE staff.. A tremendous opportunity exists for clinical staff to enhance their educational background, and educational staff to enhance their clinical background. This will assist in better understanding among all CORE staff and this openness should continue to be encouraged.

Presently, there are no provisions for direct supervision of the CORE staff, nor external validation of the quality of work being carried out by CORE specialists. Program specialists are doing an excellent job but have too many responsibilities. In addition, their position as a link between evaluation and implementation is especially critical to the success of the program. A better defined division of labour among the assessment teams would help efficiency and effectiveness.

2.5.4 Breadth and Depth of Assessments and Instruments for Hearing Impaired Multi-Handicapped

Although the project team did not observe an assessment being conducted, test instruments used in reports for assessments are satisfactory and equipment repair procedures have been established. Assessment instrument checklists are being used to ensure comprehensive testing and coverage. The parents of CORE students are involved throughout every step of the assessment process and are encouraged to provide information and suggestions. Accordingly, there is a need to include parents in evaluation, program planning and priority setting.

It is essential that emphasis continue to be placed on functional evaluation. It may be beneficial to develop a functional communications skills profile which would include receptive (speechreading, auditory skills-functional, gesture/sign and speech) and expressive skills. This would involve close cooperation between the audiologist, communications specialist and teacher and help to more clearly delineate programming needs. (Erber's concepts of auditory programming provide an extremely strong foundation). The major mode of communication (expressive and receptive) could then be established and prove helpful in clearly defining priorities.

2.5.5 Follow-up Assessment for Hearing Impaired Multi-Handicapped

Follow-up to assessment is quite extensive within district and is very limited in the outreach areas. There appears to be a reluctance on the part of many CORE staff to work outside of their points of reference within the Calgary Board of Education, and the CORE Assessment Centres in particular.

2.6 ASSESSMENT OF CORE PROGRAM FOR VISUALLY IMPAIRED MULTI-HANDICAPPED CHILDREN

This section of the report contains an assessment of how well the CORE Program responds to the needs of the visually impaired multi-handicapped. Our analysis includes a discussion of the referral process, assessment, consultation and in-service. Moreover, specific recommendations have been provided to assist the CORE Program in delivering cost-effective service in an efficient manner.

2.6.1 CORE Referral and Assessment Process for the Visually Impaired Multi-Handicapped

The children assessed through CORE are those who have already been identified as having a visual impairment. Children identified as physically handicapped or multiple dependent do not have access to vision services unless the teacher or another specialist refers the child for a vision assessment. The children who are referred seem to be those who have an obvious visual disorder.

Criteria used by the CORE Program as to what constitutes a visual impairment seem to be defined by medical/physical definitions. That is, the children so identified have an identifiable diagnosed eye condition. The emphasis the consultants at CORE would like to see is a more functional definition such as children who do not look or seem to process information visually. From an educational standpoint, this is the main criterion, especially in regard to multiply impaired children. Assessment by CORE specialists may be limited when they do not have access to physician reports.

CORE consultants indicated that their caseloads do not permit them to do an in-depth assessment with children identified as visually impaired. They noted that since the client is the child, it is necessary for the consultant to be creative in developing services because if the teacher does not perceive the need, the child may not receive the services of the educational specialists.

Liaison has been established with agencies such as the CNIB. Cooperative arrangements with the CNIB provide registered children with access to assessment services of CORE.

CORE specialists noted that if an out-of-district child is not referred for services, he may not have access to educational specialist services. These children may be the most severely handicapped and include the physically handicapped and multiple dependent. It would appear that awareness and knowledge of CORE services on the part of out-of-district educational personnel are the key in accessing CORE specialist assessment and consultation services.

SUMMARY

The appropriateness and adequacy of assessment and follow-up depends upon:

- clarity and inclusiveness of criteria;
- availability of specialist personnel; and
- awareness of need and service by school district personnel.

In this regard, educational specialists are limited by the number of assessments, consultations and in-services they are called upon to conduct. Service to children within the district is for more thorough and ongoing than outside of the district. Only those teachers who are aware of the CORE Program call upon the CORE specialists. This places a large responsibility upon teachers for which they may not be prepared.

A more workable definition of visually impaired/multi-handicapped category is needed in order to facilitate access of multiply handicapped students to the services of vision specialists. Two possible types of definitions are:

1) Functional definitions to include those children who do not have diagnosed eye disease but who do not visually attend, establish eye contact or process visual information. Some of these may be diagnosed as "cortically blind", others may not have been visually evaluated, and still others described as having ocular-motor anomalies.

   These children are assisted in their learning when there is emphasis on visual stimulation, visual/motor activities and visual perceptual training (as well as other terms of sensory integration activities).

2) Another type of functional definition that further clarifies the status of visually impaired children, is one that distinguishes the academic student from the pre-academic.

2.7 CORE ASSESSMENT SERVICES FOR THE VISUALLY IMPAIRED MULTI-HANDICAPPED: A DETAILED ANALYSIS OF SPECIFIC COMPONENTS

This section of the report focuses on specific components of the CORE assessment services respecting visually impaired multi-handicapped, including:

- breadth and depth of assessments and the instruments employed;
- staff requirements;
- follow-up to assessments; and
- short and long term impact of assessment.

2.7.1 Breadth and Depth of Assessments and Instruments Employed for the Visually Handicapped

The CORE program specialist (visual handicaps) attends all GAIN Plan meetings and team meetings. The teacher is given the assessment report and meets with all the therapists involved with the student. If the teacher perceives that the child requires further assistance an evaluation can be undertaken. The parents of CORE children are involved throughout every step of the assessment process and are encouraged to provide information and suggestions.

Visual status, particularly among these children who are multiple-dependent or multiple-impaired, is usually poorly documented. The process is dependent upon the knowledge and awareness of the specialist assessing the child's vision. While the orthoptist is capable of assessing visual acuity and functioning, it is not within her purview to provide information on educational programming to be derived from the assessment.

The materials employed for assessment at CORE are those employed in standard orthoptic examinations. These are not universally applicable especially for some children with severe physical and/or neurological handicaps, older children and those with extreme emotional difficulty. It is the process of individualization and application of findings of assessment to the classroom that can present a problem.

In addition, the physiotherapists and occupational therapists can and do supply information respecting the child's best "looking" postures, prosthesis and aids to facilitate looking behaviour but it is up to the teacher to provide appropriate visual stimulation and encourage the child's use of residual vision. This again depends on the teacher's awareness and knowledge.

The teachers in the CORE Program are not vision specialists and for the most part, are not generally knowledgeable in the area. So the question of the instructional program to be employed rests on the overworked vision specialist who is able to sit in on team meetings but is not consistently able to observe children in the classroom settings.

2.7.2 Constitution of Assessment Teams For The Visually Impaired Handicapped

The CORE assessment team is comprised of several disciplines including speech/language pathology, vision specialists, occupational therapists, physiotherapists, audiology and psychology. CORE has a fully certified orthoptist who coordinates the medical reports and recommendations and translates them into practical, functional programs for visual enhancement. The programs appear to be successful in providing broadly based functional assessments.

The vision assessment at CORE consists of an orthoptic procedure, and focuses on visual acuity. The assessment process is relatively straightforward, with emphasis being placed on a number of instruments designed to yield information regarding visual functioning. The reports are generally well written and complete.

Teachers in CORE schools coordinate the program. At CORE, the speech/language clinician is involved in instructional program, although it may not be the same person who did the assessment. At CORE an individualized plan is prepared following each assessment. The GAIN Plan and IPP act to integrate and synthesize the information.

2.7.3 Synthesis of Information From Assessments for the Visually Impaired Multi-Handicapped

Information synthesis varies from setting to setting within the CORE Program depending on the receptivity and willingness of the school staff as well as on their ability to implement suggestions in their respective settings.

CORE specialists are not always aware of how information is being synthesized. They felt some teachers who are not aware of the special needs of visually impaired students, especially those with additional handicaps, are not able to adequately provide for those students, even with information provided by other CORE specialists such as the psychologist.

2.7.4 Staff Requirements For The Visually Impaired Multi-Handicapped

Current staffing is not able to meet the assessment and consultative needs of the southern region of Alberta. CORE personnel have expressed concern about meeting the demand for services. This is especially true for those districts which do not have the appropriate educational specialists to provide the necessary follow-up. Even if the number of educational specialists were to be increased, educational programs would still be lacking for those children who require more intensive educational and habilitative programs.

Consultations for outreach programs are not sufficiently intensive to lead to the development of well-integrated functional programs.

Consultation may take the form of training an aide to carry out specialist recommendations. In some cases, this means that an aide is almost entirely responsible for a child's education. This also means that dependency on a single adult is being encouraged and the student does not develop independence and self-reliance, which are important goals for visually impaired children.

2.7.5 Summary of CORE Assessment Services For The Visually Impaired Multi-Handicapped

Vision assessments of sensory impaired multiple handicapped children need to be made over time. Use of video equipment can be extremely valuable in supplying data of how the child "looks", what he "looks" at, and how he attempts to establish contact with people and the environment. Severely physically handicapped non-verbal children do not have strategies to respond to formal tests of visual efficiency. When there is also a visual impairment there is usually no way of knowing the degree of task comprehension. Observation of the child in the home as well as school is often very helpful.

Initial identification of children should be more broadly based. Children are often evaluated in terms of a "primary" handicap and when it comes to a multiply impaired child, the visual impairment may often be ignored if the child is diagnosed as multiple dependent. There is confusion about primary handicap. A visually impaired, developmentally delayed child may not have access to vision services in outreach programs. Criteria should be broadened to encourage and facilitate access in outreach areas. The child's vision problems are often a greater impediment to access to information and learning than the level of mental handicap. Vision problems tend to greatly depress the level of function of multi-impaired children.

2.8 CORE ASSESSMENT SERVICES FOR THE COMMUNICATION AND BEHAVIOUR (AUTISTIC) DISORDERED: A DETAILED ANALYSIS OF SPECIFIC COMPONENTS

This section of the report focuses on the following components of the CORE assessment services respecting severe communication and behaviour disordered:

- breadth and adequacy of assessment process for communication and (autistic) disordered pupils;
- scope of synthesis of assessment information;
- constitution of assessment teams;
- staff requirements;
- breadth and depth of assessments and the instruments employed;
- follow-up to assessments; and
- short and long term impacts.

2.8.1 Breadth and Adequacy of Assessment Process For Communication and Behaviour (Autistic) Disordered Children

The Fred Parker School and the Tuxedo Park, Eugene Coste, and Alex Ferguson Schools serve as the sites for the most intensive assessments for Behaviour (Autistic) Disordered or Severely Communication Disordered children.

Although several CORE eligible children are served in on-going programs in each school, additional outreach children are seen on a periodic basis (approximately every 2 weeks) for a 4 to 6 week assessment period. The involvement of the teaching staff along with CORE team members in this process is a very positive step resulting in relevant educational suggestions stemming from the assessment reports. As well, the outreach child's teachers and parents can visit the assessment classroom for actual demonstrations and assistance.

Although the current assessment process for severely communication disordered children is rather well-developed, the children with severe behaviour (autism) disorders present a greater challenge to the CORE assessment process. It is highly recommended that the CORE program utilize the American Psychiatric Association's description of autism as presented in the third edition of the Diagnostic and Statistical Manual (DSM-III) for the determination of eligibility as a CORE appropriate child. This definition in diagnosing autism includes three areas of functional deficiency as requisite, in order for the condition to be present, which could be employed by CORE staff while still maintaining the use of functional assessments. These conditions for severe behaviour disorder (autism) include the following:

- pervasive lack of responsiveness to other people;
- gross deficits in language development; if speech is present peculiar speech patterns are often present (such as echolalia and pronominal reversal); and
- bizarre responses to various aspects of the environment, such as resistance to change (pp. 89-90, DSM-III).

The use of this multiplicity of criteria as well as a substantial degree of severity in one or more of these areas is consistent with the other eligibility categories. These characteristics do not all lend themselves to ready identifications. The language dysfunction can be documented with standardized tests showing either normative, developmental or curricular deficiencies. The other two categories will require the use of observations (naturalistic), checklists, social maturity measures, and functional measures of environmental responsivity.

Thus, a series of measures could be assembled to assess a potentially eligible student in this category (autism) which could be used by the appropriate specialist. This process may already be partially in place but require some refinement for program eligibility considerations.

2.8.2 Scope of Synthesis of Assessment Information

The strengths and needs statement accompanying each assessment report which derive from the term needs priorization process support a high level of information synthesis. The GAIN plan complements this outcome quite well.

2.8.3 Constitution of Assessment Teams For Communication and Behaviour (Autistic) Disordered Children

The constitution of assessment teams in this specialty area was examined from the perspective of client needs and program provisions. With respect to client needs, there was a high level of responsiveness, especially through a good selection of the first contact person.

Program provisions were generally found to provide appropriate linkages with program consultants and specialists. However, this was found to vary between in-district and out-of-district, with the latter often experiencing a less appropriate linkage.

2.8.4 Staff Requirements for Communication and Behaviour Disordered Children

Staff requirements were examined with respect to minimum entry competencies, past experience and appropriate supervision. Minimum entry competencies were generally good with some highly qualified people. In some cases, teaching staff require more preparation.

Past experience of staff revealed that some have extensive experience on transdisciplinary and interdisciplinary teams, while others require in-service and more training.

To ensure appropriate supervision, clinical audits and periodic reviews by external independent persons is required. In addition, there is a need to establish an ethical review committee comprised of in-house and external people.

2.8.5 Breadth of Assessments and the Instruments Employed For Communication and Behaviour Disordered Children

The breadth of assessment instruments used to test functional competencies in this area was adequate, but more assessment instruments could be made available. For developmental testing, the repertoire was more than adequate. Finally, consideration should be given to an increased analysis of the home environment in order to coordinate and enhance the family's capacity in caring for their child's educational needs. The use of standard instruments such as the FAM scale as a measure of family functioning could be quite useful. It is available from Dr. H. Skinner in Toronto at the Addiction Research Foundation.

2.8.6 Appropriate and Adequate Follow-up Assessments For Communication and Behaviour Disordered Children

Follow-up assessment for program modifications works well in some urban schools, but it is missing in others, and except for 1 or 2 specific sites, it is absent in rural areas. Staff/client/peer interactions are good in some urban programs such as Fred Parker and Alex Ferguson. However, little is happening in the rural areas. In the area of adjustment to the community, some follow-up to the home environment, group homes, and Baker Centre, is being done. More recently, follow-up on vocational, recreation, and leisure activities is being done.

2.9 CONCLUSIONS AND RECOMMENDATIONS FOR CORE ASSESSMENT SERVICES

2.9.1 Breadth and Adequacy of Assessment Process

The breadth and adequacy of the assessment process is very good at CORE, especially in terms of the transdisciplinary teaming process in which the professionals share roles between themselves. Specific educational assessments, however, seemed under represented in the cases reviewed. The addition of education program specialists as permanent members of the assessment team with the Sensory Impaired, Language Impaired, and Autistic clients would reduce this missing element.

The scope of the assessment process as regards information synthesis about the child was excellent in CORE. The use of strengths and needs statements at the end of each report, the establishment of team needs priorization process and CORE staff's involvement in the preparation of the GAIN Plan each seemed to contribute to this excellent synthesis.

2.9.2 Referral Process

A good deal of community contact and public education is on-going respecting CORE services and the needs of sensory impaired multi-handicapped students.

A greater degree of public education should be provided by continuing present activities and initiating more in-services at teacher's conventions, using slide/tape presentations, contact with health units, pediatricians, and family practitioners, and video/television presentations to aid in the increased detection and referral of eligible children.

Cross referrals between CORE and Alberta Children's Hospital require regularized arrangements set up from ministerial levels through the systems regarding designation of clientele and regularly scheduled contacts between CORE staff and the relevant Children's Hospital staff.

Tuesday morning (intake) planning sessions at CORE seem to be an excellent means of priorizing referrals and ought to be continued, particularly if an increase in outreach programs occurs. This process then provides a vehicle for review and priorization of need for prospective assessment candidates.

CORE should develop both in-system and outreach information packages to disseminate material about their services to schools and diversions.

Screening in clusters of schools would be economical and efficient use of personnel.

Some confusion continues to exist regarding specific eligibility characteristics. The specific criteria for eligibility under the autism category described previously should be implemented.

CORE staff should be participating in greater outreach screening, information sharing (through brochures and workshops) and increasing the board's access to CORE services by outreach districts. This objective could be accomplished by identifying an outreach coordinator and developing outreach assessment teams perhaps geographically organized for screening, assessment and consultation.

Requests were received for increased screening and assessments for children under 2½ years, enabling early identification and subsequent intervention to be initiated.

2.9.3 Assessment Process

Staff

The staff of CORE involved in the assessment process are well qualified in their respective fields, sensitive to the needs of the children, families, and teachers and, well matched to the schools in the CORE program. Although some staff have excellent backgrounds in transdisciplinary teams, new members should experience some in-service preparation of a systematic nature, to prepare them for these roles.

Increased outreach services are required of the CORE Program. Accordingly, staff will need to work with a broader variety of school-based personnel, and some preparation may be necessary for this expansion in terms of teaming workshops and consultative services.

Eligibility

The eligibility criteria certainly seem to present several problems. Within district, there is a tendency to expand to include single handicapping conditions (as has happened with CAPE services in Edmonton Public School Board) in the sensory impairment areas and with the physically handicapped child.

However, in order to expand to outreach districts in an economical fashion, it is more appropriate for CORE Assessment and Consultation to serve both sensory impaired and sensory impaired multi-handicapped in the outlying areas.

Solutions could include separate contracts for urban and rural services as well as maintaining service clearly for the low incidence groups in urban area while expanding group in the rural area in order to increase numbers served in the outlying areas.

In addition, eligibility criteria for sensory impaired multi-handicapped should be refined so that the single and multiple handicapping conditions can be distinguished as was done in the Severe Communication Disordered Category. That is, specific levels of sensory-impairment in combination with specific degrees of delay or impairment in other areas of development should be specified for eligibility. Children with the single handicapping conditions, visual or hearing impairment and physical handicaps could then be assisted through school-system sponsored services.

The definition respecting eligibility under the Severe Behaviour (Autism) Disorder category should include the following:

- pervasive lack of responsiveness to other people.
- gross deficits in language development if speech is present peculiar speech patterns are often present (such as echolalia and pronominal reversal); and
- bizarre responses to various aspects of the environment such as resistance to change (pp. 89-90, DSM-III).

Planning and Intake

The timelines for assessment from initial referral contacts to actual testing and from testing to reporting findings is very quick. CORE staff indicated that within district needs are being met at this time.

Pre-school screening assessment and services may be necessary for the CORE programs through the various early intervention programs throughout the city.

Outreach services should be clearly seen as available to rural boards, quite distinct from services provided at Emily Follensbee Centre, Christine Meikle School or other district facilities. CORE will thus require some travelling team services, rather than relying upon the development of satellite classrooms as the first line of assessment planning.

The use of a needs assessment process is very valuable with district and school staff, it should be included as a component of the CORE assessments system especially with outreach systems.

Increased analysis of the home environments should be initiated in order to determine family's resources in caring for their child's special needs.

Location of Assessment and Selection of Instruments

Children being assessed are uniformly brought to assessment sites within Calgary Board of Education for at least 2 days for out-of-town children and up to six weeks for in-city children. Several advantages are apparent with this system:

- the whole team is available to work with the child;
- other children at higher and sometimes lower functioning levels are present; and
- families can be intimately involved in the process.

Disadvantages to this method include the following:

- presence of untypical behaviour patterns due to strange settings and persons;
- the need to transfer back to original staff and settings assessment results and program plans; and
- the team is generally unavailable on a continuing basis in the outreach setting.

Thus, it is increasingly necessary for CORE staff to conduct some of their assessments in the child's natural environment and to follow-up on their program recommendations in the child's home school.

The assessment of functional competencies appears to be implemented on a modest basis. Therefore, it is recommended that this process be increased, particularly for some of the visually impaired children, and for competencies in the vocational training areas.

Developmental assessments are being adequately used when appropriate and may be even too frequently employed as distinct from mastery-referenced or criterion referenced assessments for specific program planning within educational areas of functioning as well as life skills, vocational skills and domestic skills.

The assessment centres provide an excellent assessment service, especially at the Emily Follensbee Centre. Other locations are excellent but some specific facilities may be necessary in these centres, such as physiotherapy facilities at Fred Parker School.

Although the CORE Program has many excellent resources for parents and teachers, a greater variety of equipment is required for demonstration with teachers, particularly regarding communication systems, self-help devices, chair supports and other prosthetic devices.

Results Reporting and Program Planning

The CORE reporting format includes identification of strengths and needs, priorization of need for teacher/child, and involvement in GAIN Plan development. This is an excellent model to ensure follow-through from assessment results to program planning. This system should be encouraged and continued:

- this process effectively summarizes in an educationally relevant manner, the complex assessment process and puts the child's needs into perspective in terms of their overall functioning;
- strengths statements ensure some attention to the child's current skills and competencies; and
- this process requires the specialists to attempt to priorize perceived needs of the child.

The assessment/program planning process usually involves the "training of teaching staff" with new methods and programs. If this process is to continue, the following generic training packages (programs) should be developed, especially for outreach use:

- basic orientation preparation for the visually impaired;
- initial mobility training;
- handling techniques;
- feeding and swallowing programs; and
- communication skills and speech competencies.

These training programs would then formalize the "instructional aspects" of this interaction, persumably to the benefit of the teachers.

Since many children require technical devices or assistance, a technical aide should be hired for employment dealing with the following areas:

- prosthetic devices;
- splints;
- seating assists; and
- equipment maintenance.

The plans to expand outreach services from the CORE centre will require teams travelling to rural areas for service provision; this process could be accompanied by the development of satellite classrooms, with well trained teachers, to serve as regional demonstration/assessment centres. However, such a service facility should not be a substitute for ecologically valid assessment services at the child's home, school or program (such as day care centre).

The use of CORE staff conferencing with outreach teachers in a CORE school is an excellent model to pursue in the development of these satellite services.

The program specialists provide excellent follow-up to the assessment process but simply cannot carry on all of these roles. These staff have too many non-CORE system responsibilities and too many CORE system responsibilities. These positions must be amplified before additional outreach services can be accommodated.

Eligibility review for the CORE students should be subject to clinical audit annually. Moreover, CORE assessment teams ought to undergo clinical review bi-annually by discipline-based outside experts and by person familiar with the transdisciplinary process in a work experience sense.

2.9.4 Follow-up and IEP Development Related to CORE Assessment

Within district CORE staff have excellent follow-up and consultative contact particularly in reference to program implementation by the teaching staff.

Extensive direct therapy services are provided by the CORE staff member for both demonstration purposes and service to students. However, increased educational consultation could expand the breadth of impact of the consultative process.

Follow-up and program consultation services are minimal to outreach districts from CORE staff except for limited follow-up contact from program consultants. CORE staff feel that 15% charge back to the districts may be inhibiting requests for follow-up.

The use of direct services and model classrooms do provide excellent examples for other teaching staff to emulate but the services and the classrooms may be very difficult to reproduce in the outreach areas.

The CORE staff should reduce direct service contacts and increase outreach assessment and follow-up consultation in order to more effectively meet rural needs in southern half of the province.

Level of follow-up service to students should be judged on relative standards rather than in contrast to the extensive level of service provided at schools with CORE classes.

Excellent role-sharing and role release was seen in Calgary Board of Education schools. The CORE staff ought to strive to expose outreach teachers to these possibilities.

Follow-up would be immensely facilitated if trained or partially trained personnel were present in outreach districts, such as utilizing the itinerant teacher of the blind, as a local resource person for CORE team members.

Follow-up in the out-of-district placements by some specialists is minimal if therapists within their discipline are available. However, local specialists may not be able to meet the eligible child's specific program needs. That is, the local therapists may be untrained in pediatric specialties or in practices appropriate to the handicapped child.

Excellent demonstration of the transdisciplinary team in action was found at the CORE centre. Their teaming process, especially with teaching staff, works very effectively at all sites visited.

CORE program should clarify transition from assessment to follow-up and differentiate between follow-up and consultative services.

The use of a specific contract, board and school approved for consultation and in-service provisions would aid in differentiating the two.

2.10 ASSESSMENT OF CORE CONSULTATION SERVICES

Most consultations take place in the student's school. Consults are administered by one or more team members or by the Program Specialists involved in the student assessment. Consultations are administered at pre-determined times as indicated in the assessment recommendations or on a required basis at the discretion of the students' teacher.

The nature of the consultative service is one of coaching, demonstration and/or resource support. Oftentimes, this involves incorporating assessments into individual program and follow-up to assessment recommendations, as required.

The length of time in responding to an in-district consultative request varies from one to five days but can be as much as two weeks depending on the school, time of year and type of consult.

Only fifty percent (3/6) of teachers who responded to the questionnaire indicated that consultation services were adequate. In addition, forty percent of the teachers (2/5) indicated that the schools are unaware of CORE consultation services.

2.11 ASSESSMENT OF CORE CONSULTATION SERVICES FOR HEARING IMPAIRED MULTI-HANDICAPPED

Consultation is typically carried on by the program specialists who are responsible for follow-up programming. Several people, (classroom teachers and CORE evaluation staff) felt that programming for these children is a strength of the CORE system.

Teachers who had substantial contact with the teams, were capable of translating evaluation information into IPP's. Team members seem to take an active involvement in following through and keeping in touch with the teachers and in some instances, work closely with the children.

Program specialists are doing an excellent job in providing a much needed service to teachers and children, but are over-extended in terms of their responsibilities. Consultation is efficiently delivered at Emily Follensbee Centre where teachers and team members are in close contact. Teachers at other schools spoke highly of the consultative aspects. However, out-of-district services in this area should be strengthened.

Two programs seem noteworthy to mention in terms of referral, assessment and programming. In the CORE Language Program (although criteria for funding are a problem) the services to children seem to be excellent. Referrals are being channeled appropriately as the program becomes established and lines of communication seem open between all CORE staff and teachers/therapists in the school board. Frequent visits by the program specialist and direct therapy provided by the communication therapist in the classroom enhance the child's educational opportunities.

At Queen Elizabeth, the CORE teacher works daily with CORE children who are integrated into classes with a teacher of the deaf. Children have access to therapy provided within the school in addition to specialized help from CORE. The physical set up and this model of integration provide exemplary opportunities for children who can benefit. The "professionals" are also given a fine opportunity to work together.

CORE provides several programming models in the city and this, in turn, allows for flexibility in determining placement and meeting children's individual needs.

2.11.1 Constitution of Consultative Teams For Hearing Impaired Multi-Handicapped

Consultants are drawn from the assessment team and are highly competent in their roles. As is the case with the assessment team, CORE consultants work well together and exhibit a positive degree of interaction.

2.11.2 Direct-Therapy Services For Hearing Impaired Multi-Handicapped

CORE staff, particularly those at Emily Follensbee Centre, provide a considerable amount of direct therapy. This is beneficial in terms of interaction with teachers and clinicians and assists in facilitating follow-up. It is not clear, however, what provisions exist for providing these services when CORE staff are unable to do so due to other time commitments. This is especially a problem in the outreach areas.

A need was identified to develop and monitor direct service treatment plans for students on an annual basis and to clarify more clearly the long term goals for the child.

2.12 ASSESSMENT OF CORE CONSULTATION SERVICES FOR THE VISUALLY IMPAIRED MULTI-HANDICAPPED

On-going program consultation appears most successful within district where teachers and therapists are in continuous contact. Problems arise when there is lack of agreement (expressed or unexpressed) between the teacher and the consultant. In some cases the teacher may simply not have the expertise or the resources to implement the recommendations.

Teachers were, on the whole, open and receptive to consultation. They wanted information and valued the expertise of the consultants. Reservations were expressed about the amount of time consultants were able to spend in the classroom, access to medical information, and procedures to follow to get additional help for students.

Teachers expressed some doubts that their visually impaired multi-handicapped children were receiving sufficient services. They felt that they did not have sufficient expertise of their own and they wanted information regarding the use of visual aids, the preparation and adaption of materials and the knowledge of how and when electronic aids could be used.

Teachers also expressed that they did not know enough about their students or how to prepare and present materials to them. They had the following questions:

- could visual abilities be enhanced?
- were there visual aids that should be used?
- should they be using devices e.g. optical aids or a CCTV (a closed circuit television device that is capable of greatly magnifying print materials)?
- was there some way to increase access to the child's medical records?

The medical and learning problems of the visually impaired multi-handicapped children did not appear to be well documented. The project team was not able to ascertain the extent to which the more severely visually impaired had access to:

- orientation and mobility;
- life skills and independence training;
- leisure and recreation skills.

During the site visit teachers expressed concerns about older students and those who did not seem to be making progress. The teachers also noted that resource people were often unavailable to provide assistance. Children who showed erratic use of vision were especially puzzling. Most of the teachers were deeply interested in these students. Their major concern was with the adequacy of their knowledge.

CORE does not yet have the number of qualified educational specialists for visually impaired children to be able to provide the depth of assistance needed by this type of student. Various devices are available but the student must also be instructed in their use.

2.13 ASSESSMENT OF CORE CONSULTATION SERVICES FOR COMMUNICATION AND BEHAVIOUR DISORDERED CHILDREN

2.13.1 Consultative Services

Teaming on consultations works very well, as does role release and role sharing for problem solving. Follow-up through consultation was also highly regarded. However, the effectiveness of this process is diminished in the outreach areas, and more emphasis on reaching students in the rural areas is required.

The ambiguity between assessment and consultation services should be clarified in terms of activities, procedures and staff responsibilities. This would provide a more structured and focused approach to providing assessment services.

Physiotherapists and occupational therapists, in particular, should be more actively involved in meeting outreach needs with the various school districts. Follow-up and consultation by occupational therapists is extensive within district, and these services should be available in the outreach areas. For example, feeding programs, splinting, pre-vocational training and seating.

Consultation for transition of new students into the program is essential, and teachers should be aware of the need for these services. In addition, consultation planning should make use of the needs assessment process to organize and identify content and consults, and subsequent in-service. Transitions from Emily Follensbee to other schools require extensive consultation for CORE staff and careful planning.

2.13.2 Receptivity of Educational Staff

The majority of teachers were interested in acquiring more knowledge and skills from CORE staff. In some cases there was an identifiable need for in-service training. Most teachers are quite willing and able to provide updated programs but require CORE staff support.

CORE staff spend a large proportion of their time, as much as 50 percent, to model through direct therapy. This is particularly useful in helping teachers meet the physical therapy needs of students who require on-going contact, since teachers sometimes forget proper handling techniques, and require update and review.

The high activity level of aides and developmental assistants places another burden on teachers of translating consultant advice to a third party. CORE staff use consulting and in-service to assist in this area but it could be more specifically addressed. Many teachers require assistance in translating assessment results and identified student needs into program specific goals. This is accomplished with the assistance of the GAIN Plan.

2.14 CONCLUSIONS AND RECOMMENDATIONS OF CORE CONSULTATION

Overall, the level of consultation is quite high for CORE within the Calgary Board of Education. Substantial consultation is provided to teaching staff as well as through direct services to children. More consultation to parents is essential for transfer and application of CORE program gains.

Professional and paraprofessional staff generally approved of CORE staff consultation, and would like greater degree of consultative contact.

CORE staff should be providing much more consultative service to outreach programs. Impediments to these services could be solved through several means:

- establish outreach teams, loosely defined, for specific geographical areas or problem areas;
- employ similar in-service sessions for school/board administrators to familiarize them with available options;
- utilize similar contracts and fee schedules as in CAPE to clarify the nature of the service being received and contracted;

- use of board and school needs assessment prior to consulations to ensure appropriate services provisions;
- consult with indigenous staff and specialists to ensure contact person remains in community for future work and assistance to teaching personnel; and
- staff in-service on consulting skills as CAPE did to enhance repertoire of competencies in this area.

Home visits and parental contacts should continue to be a mandatory component of the out-of-district consultation service by CORE staff.

Personnel both in-district and out-of-district should be clearly informed of the consultation services CORE has available for children in transition to various programs.

Vocational preparation should be more strongly emphasized as an area of program consultation and assistance. This facet is particularly important in rural areas where a student may be looking to local community resources for vocational activities after leaving a school program.

Teaching staff should be prepared through workshop in-service formats to acquire the necessary skills to request consultation.

Consultation for the transition of new students into CORE programs is essential and should be provided without cost; availability of this service should be disseminated to schools within district and for outreach boards as well.

2.15 ASSESSMENT OF CORE IN-SERVICE TRAINING PROGRAM

The in-service training component of the CORE Program is designed to enhance the effectiveness of the other two services; namely, assessment and consultation, by providing recipients with the following:

- a general understanding of the problems, limitations and alternatives for treating sensory, multi-handicapped children;
- substantive knowledge in specific subject areas; and
- information and resource materials to assist in educating and caring for students.

2.15.1 Assessment of CORE In-Service Training For Hearing Impaired Multi-Handicapped

In-service training, particularly for out-of-district teaching staff, was viewed as the most effective mechanism for CORE staff to provide support and assistance to their clients. In-services can be extremely time consuming and it may be worthwhile for some team members to take this responsibility, on a rotation basis for part of a year.

2.15.2 Assessment of CORE In-Service Training For Visually Impaired Multi-Handicapped

In general, in-service training within district, for visual impairment, was sufficient, but was lacking for out-of-district school staff.

Consideration should be given to coordinating in-services for teachers in several outreach school districts. In relation to visually impaired multi-handicapped children, there are a variety of topics to be addressed as part of in-service:

- use of technology;
- orientation and mobility;
- visual development in low vision multi-handicapped students; and
- use of co-active methodologies for unmotivated and unresponsible students.

2.15.3 Assessment of CORE In-Services Training For Communication and Behaviour Disordered Children

CORE staff have provided some in-service workshops. However, more in-service workshops should be carried out in order to:

- promote public awareness;
- assist principal/special education coordinators; and
- promote the use of specific methods such as GAIN Plans.

The following important topics should continue to be dealt with through in-service training:

- non-aversive or positive behaviour modification procedures;
- ethical use of aversive procedures or restraint procedures;
- communication approaches, particularly those which emphasize social contexts of language learning and teaching;
- role of teacher aides and developmental assistants;
- direct and incidental teaching methods, where appropriate;
- GAIN Plan development and functional use; and
- data collection methods.

2.15.4 Conclusions and Recommendations for CORE In-Service

In-service functions should be clarified and expanded. Areas of potential in-service training could include screening, eligibility standards, GAIN Plan development, specific techniques and use of consultant services. Moreover, resources for use in sharing/borrowing should be expanded and described through in-service preparation.

Special techniques/approaches should be described through the in-service model such as orientation, mobility, speech development, auditory programming, sign language, use of prosthetics, adjunctive communication systems, handling techniques, curriculum modifications and non-aversive behaviour management techniques.

Most staff believe that excellent professional development opportunities are available. Some staff require specific professional development activities within their discipline and ought to be able to obtain this preparation, even if somewhat extended (two to three weeks) periods of time may be required. The University of Calgary's preparation programs should be accessed for these proposed professional development functions.

2.16 ASSESSMENT OF CORE STAFF DEVELOPMENT OPPORTUNITIES

A budget is set aside each year for professional staff development at CORE. These funds are used to send staff to conferences, workshops and courses, for attending specialist guest speakers and, to conduct specific research projects.

Most staff feel that there are several excellent opportunities for professional development, and that everyone has access to these opportunities. Some specialists noted that their training did not prepare them to work with multiply impaired children and they actively seek further education and training. Most staff expressed positive comments about attendance at workshops, conferences and short courses. However, the following problems are associated with professional staff development:

- limited time for advanced study;
- limited availability of appropriate course work;
- need to expand teaming and consulting skills workshops; and
- lack of two-way interaction between CORE staff and teachers in outreach and support situations working with CORE students.

CORE therapists and speech/language clinicians expressed interest in research and data collection in order to evaluate techniques being used.

2.17 ASSESSMENT OF ROLE SHARING AMONG CORE STAFF

The CORE staff have been very successful in sharing information and understanding the concerns of each individual's discipline. The willingness to pool information and share responsibility is always in evidence at the Follensbee Centre. A high level of team spirit and mutual regard is certainly one of the most impressive aspects of the CORE program.

An excellent foundation has been established for the delivery of services to multi-impaired children. However, provision of direct services to multi-handicapped with visual impairments needs to be addressed. If classroom teachers are to have the main responsibility, then they need greater access to consultant time for sustained and regular periods of time. They would benefit enormously form participation in in-service workshops provided by CORE staff. The expertise the teachers already have should be shared with the CORE staff so that two-way communication can be made more effective, disagreements clarified and educational objectives well defined and agreed upon.

2.18 ASSESSMENT OF FAMILY INVOLVEMENT IN CORE PROGRAM

Family involvement in the education related services provided by CORE is strongly encouraged. Families are involved in a general way, including:

- a family counsellor meets with the family at the referral stage;
- families are encouraged to visit, contribute and participate in the assessment;
- families are involved in the case-conferencing; and
- families are consulted when the IPP is developed.

In each case, two-way communication between the family and CORE staff is encouraged, and the family is provided with all requested documentation.

In some cases, the breakdown in family involvement occurs after assessment. That is, the responsibility is placed upon the parents to find out about their child's progress. CORE should evaluate the benefits to be derived by involving parents in an ongoing in-service program.

In-district parents (10/50) who completed the Family Questionnaire indicated a high degree of satisfaction with CORE assessment and services, and family involvement therein (means of 6.1 and 6.0 respectively). They also noted moderate satisfaction with CORE consultation services and family involvement during service delivery (means of 5.6 and 5.1 respectively). However, out-of-district parents (8/50) were moderately dissatisfied with CORE consultation services and family involvement (means of 4.4 and 4.2 respectively), and were only moderately satisfied with CORE assessment services and family involvement.

2.19 ASSESSMENT OF TRANSPORTATION ARRANGEMENTS RESPECTING THE DELIVERY OF CORE SERVICES

Transportation

In general, no problems have been experienced respecting transportation to assessments and follow-up.

Since assessments are conducted at either the CORE Assessment Centre at Emily Follensbee Centre or at Fred Parker or Christine Meikle Schools, transportation is generally provided by the student's parents. If there is a problem in this regard, alternative arrangements are made, or the parents are reimbursed for the cost of the transportation.

Transportation for follow-up or consultation services is the responsibility of CORE staff who deliver the service at the students school. Staff transportation costs, including car expenses, airfare and accommodation are budgeted and paid for by the program.

2.20 ASSESSMENT OF PUBLIC AWARENESS OF CORE SERVICES

Profile of CORE In The Schools

The level of awareness of the CORE Program among staff in the outreach areas, in particular, is generally poor. More information about the CORE Program and services should be provided to school superintendents, principals and teachers. In addition, in-services and workshops would serve to increase knowledge about the program.

2.21 ASSESSMENT OF CORE ORGANIZATIONAL STRUCTURE

On May 8, 1981, a contract was signed by the Calgary Board of Education and the Minister of Education. The contract specifies the terms and conditions by which the CORE Program was established to provide various educational services to multi-handicapped sensory-impaired children who reside in Southern Alberta.

In order to administer the CORE Program, an organizational structure was established within the context of the Calgary Public School Board. Exhibit V presents the current organizational structure of the CORE Program and its relationship to other components of the Calgary Public School Board.

The CORE Program is nested within the overall structure of the Calgary Board of Education. The Principal of Emily Follensbee Centre is also the Centre Administrator of the CORE Program. However, two Program Specialists (each of whose position is classified as one-half a FTE) are primarily responsible for the constitution of assessment and consultation teams.

The current organizational structure severely limits the capabilities of the CORE Program from achieving its mandates which is to serve all eligible residents of Southern Alberta. This assessment is based on the following observations.

- CORE supports the special education policies of Calgary Board of Education;
- there is no one Program Manager at a program operations level with ultimate responsibility for ensuring that the program mandate is being met; and
- the present Program Specialists are only involved with CORE half-time, the remainder of their time is spent at other schools.

It is clear that the CORE Program lacks leadership at the day-to-day operational level and, to date, is primarily a support to the Calgary District special education system. To overcome this difficulty, a single Program Manager should be put in charge with responsibility and authority for fulfilling the mandate as outlined in the contract signed between the Minister of Education and the Calgary Board of Education.

2.22 EVALUATION OF THE CORE PROGRAM

The outcome of this study is to evaluate the efficacy, effectiveness and efficiency of the CORE Program. Each of these are discussed in the next several paragraphs.

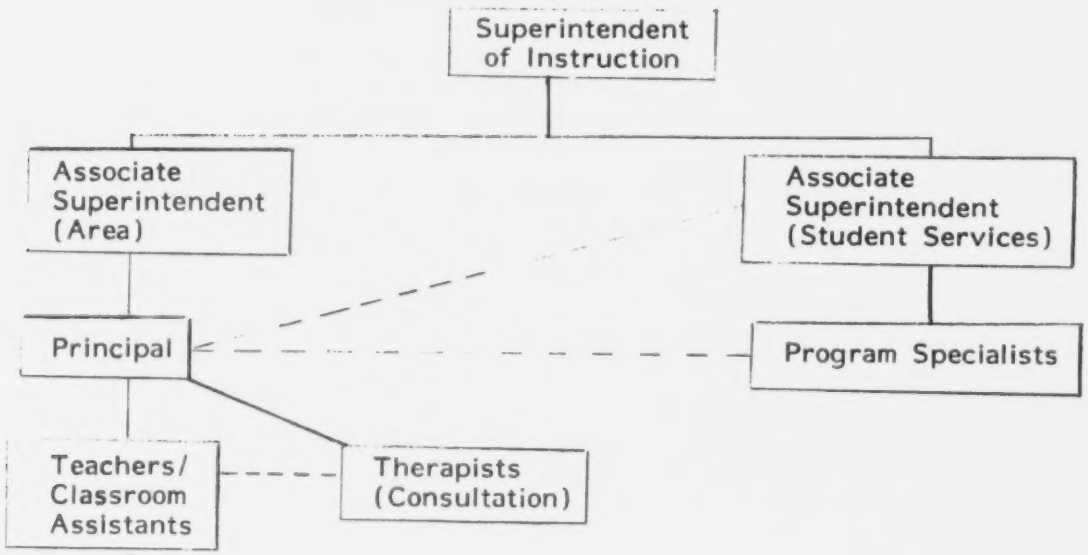
Efficacy means that a program is achieving its intended purpose. Efficiency is the production of a desired effect with expending the least number of resources. Effectiveness is the accomplishment of a desired result. The project team has applied these criteria throughout the evaluation process.

The project team was deeply impressed by the efforts of the CORE Program to serve the needs of sensory impaired multi-handicapped children in Southern Alberta. The philosophy of the CORE Program of promoting the dignity and worth of each child, regardless of the severity of their handicapping conditions, is also very positive and should be publicly supported. The view that every child has the right to be provided the means by which to develop his/her abilities to the fullest potential, and to achieve the highest possible quality of living experience, should continue to be nurtured and encouraged.

EXHIBIT V

ORGANIZATIONAL STRUCTURE OF CALGARY

BOARD OF EDUCATION AND THE CORE PROGRAM



2.22.1 Efficacy of the CORE Program

The context for evaluating the efficacy of the CORE Program is the contract that was signed by the Calgary Public School Board and the Minister of Education, on May 8, 1981. The contract stipulated that the parties desire to establish CORE to provide various educational services to multi-handicapped sensory-impaired children who reside in Southern Alberta.

Although the CORE Program does deliver services to multi-handicapped children who reside in Southern Alberta, there is a substantial emphasis upon service delivery to the Calgary School District at the exclusion of out-of-district requirements. This is best exemplified by the lack of consultation time being devoted by CORE staff to jurisdictions other than Calgary.

Our conclusion, therefore, is that the CORE Program is assuming a significantly narrow scope compared to its mandate. Thus, the efficacy of the program is being challenged.

2.22.2 Effectiveness of the CORE Program

Effectiveness means achieving a desired result. In the case of the CORE Program, this would encompass the provision of various educational services to multi-handicapped sensory-impaired children, their educators, and parents who reside in Southern Alberta.

In general, the CORE Program is somewhat effective in meeting its objectives. However, there are specific strengths and weaknesses inherent in the program and these have been discussed in detail, throughout the report.

If the CORE Program is to increase its effectiveness in fulfilling its mandate, then three actions should be implemented. First, the eligibility criteria should be clarified. Second, the CORE Program should be more responsive to out-of-district consulation requirements. Lastly, a Program Manager should be installed and he/she should attempt to focus the program in delivering service to multi-handicapped sensory impaired children who reside in Southern Alberta.

2.22.3 Efficiency of the CORE Program

Efficiency is the production of a desired effect while expending the least number of resources. The project team believes that the efficiency of the CORE Program could be increased by installing a Program Manager with authority and responsibility for building an organization to deliver services according to the contracted mandate.

3.1 INTRODUCTION

This section of the report presents our findings and recommendations respecting the CAPE Program. Comments which were obtained from teachers during site visits and through the questionnaire, have been included. Material from the Family Questionnaire has also been incorporated. Our review was carefully conducted from the perspective that program evaluations should assist an organization in modifying the program in order to achieve its intended purposes in a cost-effective and efficient manner.

This section of the report consists of six parts. Part 1 provides an introduction. Part 2 consists of an overview of the CAPE Program.

Part 3 presents a detailed examination of the CAPE Assessment Services. Recommendations are also included. (Sections 3.3 to 3.9)

Part 4 presents a detailed examination of the CAPE Consultation Services. Recommendations have also been included. (Sections 3.10 to 3.20)

Part 5 includes an analysis of the present organizational structure as well as the financial arrangements for program delivery. (Section 3.21)

Lastly, Part 6 provides a summary of our findings and recommendations concerning the CAPE Program. (Section 3.22)

3.2 OVERVIEW OF THE CAPE PROGRAM

3.2.1 CAPE Program Goals

On March 2, 1982 the Board of Trustees of the Edmonton School District No. 7 and the Minister of Education entered into an agreement to provide various educational services to multi-handicapped sensory-impaired children, their educators, and parents who reside in Northern Alberta under the designation "Coordinated Assessment and Program Planning for Education" (CAPE).

The services provided under the contract consist of two parts: (1) services to students; and (2) services to the adults who work with those students.

Within the context of the overall program goal, several sub-goals have been identified:

- Provide comprehensive assessment services to sensory multi-handicapped, severe communication or behaviour disordered pupils from birth to eighteen years of age residing within Northern Alberta.

- Provide preschool (2½ to 5½) and school (5½ to 18) programs within the district for sensory multi-handicapped, communication or behaviour disordered pupils.

- Provide summer intervention programs within the district and outreach support services within Northern Alberta for sensory multi-handicapped, communication and behaviour disordered pupils (2½ to 18 years of age).

- Provide consultation, professional development and resources to personnel working with sensory multi-handicapped, communication or behaviour disordered pupils (birth to 18 years of age) within Northern Alberta.

3.2.2 Service Area and Population

The CAPE Program is designed to serve students who are multi-handicapped sensory-impaired or who have severe communication or behaviour disorders. The service area covered by CAPE is north of the line described by the southernmost boundaries of the following school jurisdictions in Alberta:

- Rocky Mountain School Division No. 15;
- County of Lacombe No. 14;
- County of Stettler No. 6;
- County of Paint Earth No. 13; and
- Neutral Hills School District No. 16.

As of January 16, 1985, the CAPE Program had extended services to 465 sensory, multi-handicapped children and their teachers in Edmonton and throughout Northern Alberta. Of this total, approximately one-fifth are early childhood services (ECS) students. Exhibit I indicates the number of children by grouping, identifies pre-schoolers and differentiates between (1) in-district students in a school program funded under the CAPE agreement, (2) in-district students in a school program not directly funded by CAPE, but for whom assessment and consultation services are extended, and (3) out-of-district students. All students in the CAPE Program must be between the ages of 2½ and 18. It should be noted that the student population changes on an ongoing basis.

The CAPE Program classifies students into the following categories:

- In-district students funded directly under the CAPE Agreement (List A);
- In-district students not directly funded by CAPE but to whom services are extended (List B); and
- Out-of-district students (List C).

Students on List A receive CAPE funded school services, while students on List B do not receive CAPE funded school services even though they meet the CAPE eligibility criteria.

EXHIBIT I

DISTRIBUTION OF ELIGIBLE STUDENTS UNDER THE CAPE AGREEMENT

AS OF JANUARY 16, 1985

	Hearing Impaired Vision Impaired	Hearing Impaired Multi-Handicapped	Vision Impaired Multi-Handicapped	Severe Behavioural Disorder	Severe Communication Disorder	Total	Percentage Of Overall Total
IN-DISTRICT*							
Total (including ECS)	11	37	76	52	7	183	40%
ECS	1	5	8	8	1	23	5%
IN-DISTRICT**							
Total (including ECS)	2	45	16	13	17	93	20%
ECS	1	10	4	3	4	22	5%
TOTAL IN-DISTRICT							
Total (including ECS)	13	82	92	65	24	276	59%
ECS	2	15	12	11	5	45	9%
OUT-OF-DISTRICT	10	33	73	38	35	189	41%
Total (including ECS)	2	10	38	10	6	66	14%
ECS							
TOTAL	23	115	165	103	59	465	
Total (including ECS)	4	25	50	21	11	111	
ECS							

* Receiving specialized school services funded under the CAPE Agreement.

** Receiving assessment and consultation services only, under the CAPE Agreement.

3.2.3 CAPE Assessment Centre

The CAPE Assessment Centre, which adjoins Belvedere Elementary School in northeast Edmonton, is used primarily as a central location from which the CAPE Program is coordinated. CAPE staff use the Assessment Centre as an operations base to provide services to designated parts of Edmonton and Northern Alberta.

The purpose of the CAPE Assessment Centre is to coordinate services on behalf of sensory, multi-handicapped children, their families and educators within Northern Alberta, including:

- initial assessment and program planning;
- program consultation, program design with review and follow-up;
- staff development and inservice training;
- early identification and intervention;
- development of materials and instructional resources;
- parent counselling and inservice; and
- research and evaluation.

The assessment and consultation service model approach provides liaison with schools delivering educational programs for sensory, multi-handicapped students and students with severe communication or behaviour disorders. The purpose is to provide comprehensive assessments which identify the educational needs of sensory, multi-handicapped students and support these needs through assistance and advice to classroom teachers, aides and parents.

The physical design of the centre is based on specific principles, including:

- creating as normalized setting as possible while still providing complete assessment facilities;
- developing a building compatible with the surrounding neighbourhood; and
- establishing a centre which is housed in and attached to an existing operating school.

The centre provides for specialized activity areas based on the design criteria indicated in Exhibit II.

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EXHIBIT II

DESIGN CONSIDERATIONS/CRITERIA FOR ACTIVITY AREAS IN THE CAPE ASSESSMENT CENTRE

Activity Area	Design Considerations/Criteria
Reception Area	• Waiting area for visitors, parents and children • Large play area/space for children
Office Space	• Work location for specialist and administrative staff to write, use telephone, and hold small meetings of 2-3 people • Mini conference rooms for parent case conferences and meetings of 6-8 people
Audiology Suite	• Hearing thresholds of both ears, of each ear separately • Assess the ability of a person to hear and understand speech • Assess how well the hearing aid is working. Is the amplification presently being used appropriately, or what type of system would be more beneficial? • Wheelchair accessibility • Children being tested must be positioned for optimal controlled movement, which may be in a prone position on a mat • Children who will not tolerate headphones must be tested in an environment that requires a degree of sound localization to calibrated sounds • Portable equipment will not provide accurate information about hearing thresholds, speech comprehension, and the effectiveness of hearing aids
Independent Living Suite	• Short term living quarters for parents and child while completing assessment at CAPE Centre • Used for assessment of daily living skills and parent training of program goals to be implemented in the home • Used for assessing independence in meal preparation and feeding skills, self care, including hygiene, dressing and laundry, and use of adaptive aids and parent use of aids with their child
Vision	• Assessment area requires controlled lighting and use of specialized non-portable equipment
Physiotherapy and Occupational Therapy	• Large area for use of adaptive aids to assess large and fine motor skills and development
Education/Psychology	• Demonstration classrooms for short term student placement for observation • Testing rooms for individual assessments
Resource Library	• Large area for storage of reference books, circulation materials and equipment • Designed for use by teachers and parents to use materials, participate in in-services

3.2.4 CAPE Staff

The CAPE Program utilizes a matrix management approach to allocate staff resources. Three Service Area Teams use the CAPE Assessment Centre as an operations base to provide services to designated parts of Edmonton and Northern Alberta. In addition, the staff are organized according to 'specialty' or 'discipline', such as Physiotherapy, Psychology, Audiology. The juxtaposition of the Service Area Teams and the Resource Teams facilitates the constitution of appropriate staff resources for assessments and consultation. That is, each of the three service areas are appropriately covered with sufficient resources (Service Area Teams) and the Resource Teams ensure that appropriate service is being delivered by each of the specialists.

Each Service Area Team has between 10 and 12 full-time equivalent staff positions with representatives from each of the ten specialty areas including: education, behaviour, occupational therapy, physiotherapy, psychology, communication disorders, hearing, audiology, vision and adaptive physical education. The total specialty staff compliment is presently twenty-five, plus a Program Manager, intake coordinator, office manager, librarian and support staff.

In general, there have been few difficulties recruiting staff for CAPE. However, recruitment of physiotherapists and occupational therapists did pose a problem due to a shortage in both specialty areas respecting experience with pediatric clients. Difficulty was also encountered in recruiting a qualified audiologist who had specific skills dealing with sensory, multi-handicapped children.

The CAPE Program has not experienced problems respecting staff turnover. During the past eighteen months, only two staff have left, both for personal reasons.

The proportion of time spent by CAPE staff in the three major service areas of assessment, consultation and inservices, and the travel time involved, is indicated in Exhibit III. The data provided by the CAPE Program Manager indicates that while approximately 52 percent of staff time is spent providing service in-district and 48 percent is spent out-of-district, only 11 percent of staff time is spent providing out-of-district consults as compared with 25 percent for in-district consultative services. This may be as a result of funding arrangements, distances involved and/or differences in approaches by out-of-district school jurisdictions to the CAPE Program. An examination of procedures for contracting for CAPE services is provided later in the report.

EXHIBIT III

PERCENTAGE OF TOTAL TIME FOR SERVICES TO PROGRAMS IN NORTHERN ALBERTA WITH S.M.H. STUDENTS

Location of Service Time

(Mid-November to Mid-December 1984)

Nature Of Service	E.P.S.D. Programs (In-District) Service Time	Travel Time	Total	Programs in Northern Alberta (Out-of-District) Service Time	Travel Time	Total	Percentage Of Overall Total
I. Assessment	22%	3%	25%	27%	9%	36%	61%
II. Consultation	22%	3%	25%	8%	3%	11%	36%
III. In-service	1.5%	0.3%	1.8%	0.8%	0.4%	1.2%	3%
Sub Total	45.5%	6.3%		35.8%	12.4%		
Total			51.8%			48.2%	100%

In addition to the three Service Area Teams, CAPE staff are also organized into Resource Teams which group staff into specialty areas. Exhibit IV indicates the percentage of assessment and consultation service time provided by each Resource Team to in-district and out-of-district schools. It is interesting to note that approximately 61 percent of Resource Team time is spent providing out-of-district assessments compared to 39 percent in-district, and the reverse is true for consultation services; 31 percent out-of-district compared to 69 percent in-district.

3.3 ASSESSMENT SERVICES

Approximately 90 percent of all CAPE assessments are conducted in the child's natural environment; that is, the classroom or home. Audiological testing, however, is conducted primarily in the CAPE Assessment Centre, with some screening done in homes or classrooms.

An analysis of detailed time expenditures by specialty area revealed the following noteworthy observations:

- out-of-district assessments for vision (16.4%), speech therapy (12.0%), psychology (11.6%), and education (8.6%) are the main service required;
- in-district assessments are similar in pattern to out-of-district requirements; and
- in-district consultations for vision (14%) and education (11%) are the main services required, whereas hearing (7.3%) and education (6.0%) are the main service requested for out-of-district consults.

The result of the assessment process is the design of an individual education program (IEP) with recommended goals and objectives in the areas of motor development, physical management, social skills, expressive and receptive language, cognitive/academic areas and emotional development. In addition, the assessment identifies the necessary inservice training and support for teachers and parents while also recommending appropriate educational program placements.

A multi-disciplinary assessment and consultation team representing the disciplines of education, psychology, speech, audiology, hearing and vision, occupational therapy, physiotherapy and behaviour management consultants is required for these assessments. The procedures and personnel involved in administering an out-of-district assessment are detailed in Exhibits V and VI. The period of time for completing an assessment is between 14 and 28 days. However, out-of-district assessments generally require more time to complete.

EXHIBIT IV

PERCENTAGE OF TOTAL ASSESSMENT SERVICE TIME BY RESOURCE TEAM TO PROGRAMS IN NORTHERN ALBERTA WITH S.M.H. STUDENTS

Location of Assessment Service

(Mid-November to Mid-December 1984)

Resource Team	E.P.S.D. Programs (In-District) Service Time	Travel Time	Total	Programs in Northern Alberta (Out-of-District) Service Time	Travel Time	Total	Percentage Of Total
I. Behaviour	3.7%	0.4%	4.1%	1.3%	0.7%	2.0%	6.1%
II. Education	2.4%	0.2%	2.6%	5.8%	2.8%	8.6%	11.3%
III. Hearing	0.2%	---	0.2%	3.1%	1.2%	4.3%	4.5%
IV. Audiology	2.3%	0.1%	2.4%	2.6%	0.7%	3.3%	5.8%
V. Occupational Therapy	2.0%	0.2%	2.2%	1.2%	0.5%	1.7%	3.9%
VI. Physiotherapy	0.3%	0.1%	0.4%	0.7%	0.6%	1.3%	1.7%
VII. Adapted Phsy. Ed.	0.3%	---	0.3%	---	---	---	0.3%
VIII. Psychology	8.7%	1.1%	9.8%	8.7%	2.9%	11.6%	21.4%
IX. Speech Therapy	7.4%	0.9%	8.3%	8.7%	3.3%	12.0%	20.0%
X. Vision	7.8%	0.8%	8.6%	11.2%	4.2%	16.4%	25%
Sub Total	35.1%	3.8%		43.3%	16.8%		
Total			38.9%			61.1%	100%

EXHIBIT IV (continued)

PERCENTAGE OF TOTAL CONSULTATION SERVICE TIME BY RESOURCE TEAM TO PROGRAMS IN NORTHERN ALBERTA WITH S.M.H. STUDENTS

Location of Consultation Service

(Mid-November to Mid-December 1984)

Resource Team	E.P.S.D. Programs (In-District) Service Time	Travel Time	Total	Programs in Northern Alberta (Out-of-District) Service Time	Travel Time	Total	Percentage Of Total
I. Behaviour	7.9%	0.8%	8.7%	2.2%	0.1%	2.3%	11%
II. Education	10%	1.0%	11%	3.9%	2.1%	6.0%	17%
III. Hearing	0.4%	---	0.4%	5.3%	2.0%	7.3%	7.7%
IV. Audiology	3.5%	0.4%	3.9%	0.6%	0.1%	0.7%	4.6%
V. Occupational Therapy	6.1%	1.3%	7.4%	2.1%	1.2%	3.3%	10.7%
VI. Physiotherapy	4.4%	1.1%	5.5%	1.6%	0.9%	2.5%	8.0%
VII. Adapted Phsy. Ed.	1.1%	0.3%	1.4%	---	---	---	1.4%
VIII. Psychology	6.5%	0.5%	7.0%	2.0%	0.6%	2.6%	9.6%
IX. Speech Therapy	8.9%	0.7%	9.6%	2.9%	0.5%	3.4%	13%
X. Vision	12%	2.0%	14%	2.3%	0.7%	3.0%	17%
Sub Total	60.8%	8.1%		22.9%	8.1%		
Total			68.9%			31.1%	100%

EXHIBIT V

INTAKE PROCEDURES

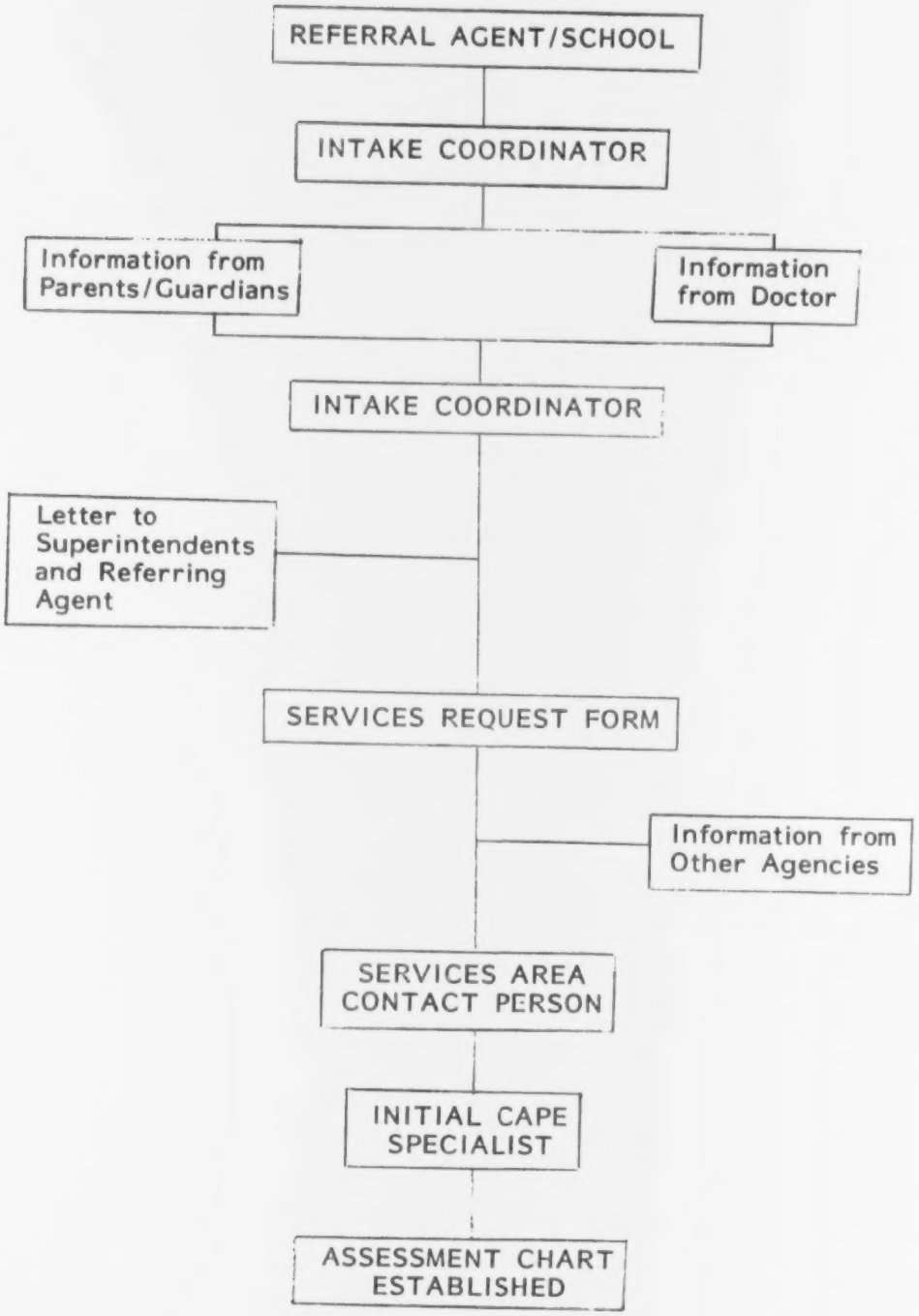
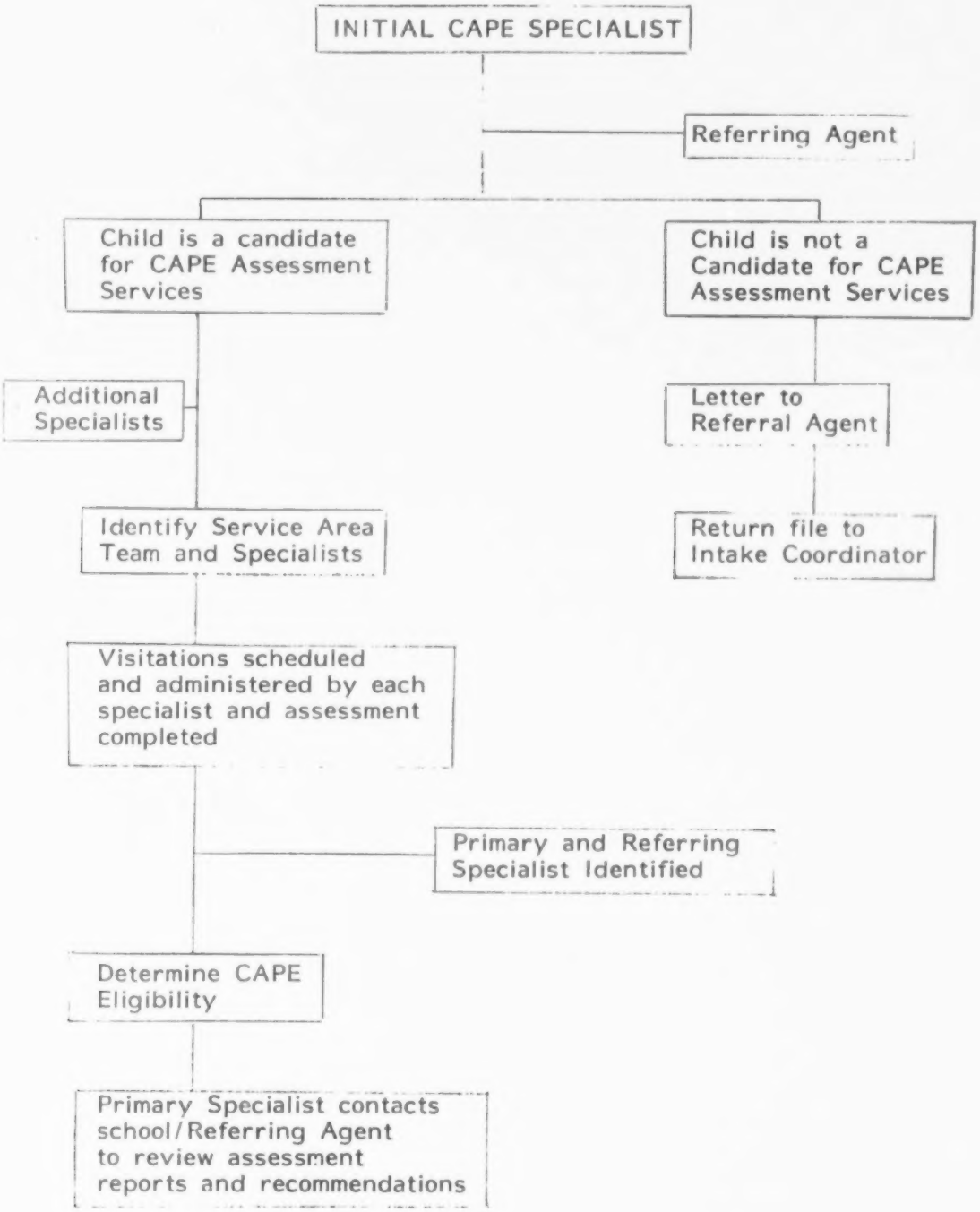


EXHIBIT VI

ASSESSMENT SERVICES PROCEDURES


INITIAL CAPE SPECIALIST
Referring Agent
Child is a candidate for CAPE Assessment Services
Child is not a Candidate for CAPE Assessment Services
Additional Specialists
Letter to Referral Agent
Identify Service Area Team and Specialists
Return file to Intake Coordinator
Visitations scheduled and administered by each specialist and assessment completed
Primary and Referring Specialist Identified
Determine CAPE Eligibility
Primary Specialist contacts school/Referring Agent to review assessment reports and recommendations

The assessment supports an educational model where the student's teacher carries out the programs in the classroom with ongoing assistance from the multi-disciplinary teams, as required. Development and implementation of the Individual Program Plans is the responsibility of the teacher.

The twenty-two teachers (18 in-district and 4 out-of-district) who completed the questionnaire indicated that they were satisfied, to some degree, with the assessment services (mean of 5.4 on a seven point satisfaction scale, where '1' was Very Dissatisfied and '7' were Very Satisfied). They also noted that interpretation of the assessment results were adequate. Sixty-four percent (14/22) of the teachers who responded to the questionnaire, indicated that they were aware of the procedures for referring children to CAPE for assessments. The data indicate that teachers are aware of procedures to access CAPE services, but having used the services, teachers are moderately satisfied with assessment services provided by CAPE staff.

The assessment process places some emphasis on parental involvement, particularly respecting the provision of background information, interpretation of assessment results and development of Individual Program Plans. Teachers are encouraged to elicit parental input, which is often invaluable for assessment purposes, and student files are always accessible to the parents.

Generally, assessment reports deal explicitly with the following:

- functional competencies;
- developmental levels;
- health related aspects;
- goals/objectives (suggested);
- target dates (for reassessment/consultation);
- education and treatment techniques;
- required level of resources/support;

The project team analyzed the CAPE Assessment process and our findings are presented in the next several paragraphs.

3.3.1 Screening

Planning sessions to priorize referrals are an integral part of the screening process. In-district false positives are estimated to be approximately 20%, whereas out-of-district false positives are 24%, 21%, and 52% respectively for each of the three Service Area Teams. The higher proportion of false positives in Service Area III is due to the new educational program which was recently initiated by the Fort McMurray Public School and Catholic Boards to serve the needs of the sensory impaired multi-handicapped.

3.3.2 Intake

Assessment timelines are satisfactory; that is, from first contact to actual testing, and from testing to presentation of findings. Although there is no waiting list, this may be an artifact of a lack of awareness of available services by potential clients. The CAPE teams conduct interactive assessments, and make use of extensive classroom observations both before and during one-to-one testing. These techniques should be applied more extensively in order to screen students in rural ECS programs and day centres. That is a "child find" process, once a year in rural areas, within these early childhood programs could be very effective for identifying potential eligible pupils.

3.3.3 Place of Assessment and Selection of Instruments

Assessment is completed in the child's natural environment to promote ecologically valid results. Facilities vary, however, due to different locations in which testing occurs.

While there are several assessment instruments available to CAPE staff, often, normative, standardized tests cannot be used because of the child's handicap. The CAPE test library and material centre provide staff with an extensive array of assessment references and resources.

The matrix organization of CAPE Service Area Teams and Resource Teams, by discipline, provides an effective structure within which to organize staff resources for full coverage and to deal with difficult cases.

The Service Area Teams use a needs assessment approach which aids in determining reasons for assessment and expectations for outcomes. Team members assigned to an assessment are determined by identifying priority need areas. Since the definitions of need include a multiplicity of handicaps and/or severity of condition, several team members are involved in most assessments.

Physiotherapists and occupational therapists play a secondary role in the assessment process. After initial contact, a CAPE team member will ask for these assessments, or teachers may ask for this help after prior contact from other team members. Their assessments are largely in-situ, using handskills in an open area with some use of lifts, wedges, or rolls. Occupational therapists often use several physical devices to aid in assessment. Physiotherapists and occupational therapists may team up together or with other staff for con-joint assessments, and this approach has proven quite effective.

Physiotherapists and occupational therapists have very few out-of-district contacts. They suggested to the project team that outreach services are being provided by local specialists. However, discussions with out-of-district teachers, coupled with our understanding of the existing manpower in these specialties, indicates that this does not appear to be the case, and some resolution to this gap in the provision of services is required.

3.3.4 Reporting Results and Program Planning

CAPE assessment reports had excellent remedial suggestions, often quite detailed, and in some cases amounting to an in-service training plan:

- the reports are very often comprehensive, but follow-up assistance to teachers during the preparation of IEP's is required; and
- teachers found explicit information quite helpful.

Basic training materials could be developed for several areas, including:

- basic orientation preparation for visually impaired;
- initial mobility skills with follow-up material as child learns;
- handling techniques material;
- feeding processes; and
- communication skills and speech habits.

These materials could then be left for teachers and aides if specific programs were required. They would of course require adaptation to the specific circumstances.

CAPE seems to stop short of the IEP planning process. Without the student's strengths, needs, and priorities clearly identified, teachers may be unsure of the best methods to integrate assessment results into the child's program. Classroom teachers in the IEP, commented on the variability between consultations. Some consults were very thorough and readily applicable to the child's educational needs, while others were more terse in conveying information and did not seem to focus on the child in the classroom setting.

The occupational therapists in CAPE do not have difficulty with time management associated with the need for seating assistance, since Glenrose Seating Clinic handles this service in the CAPE region. However, in order to allow staff to focus more extensively on other roles and priorities there should be a technical aide person (perhaps part time) for the following types of activities in CAPE:

- prosthetics;
- splints; and
- equipment maintenance.

CAPE staff were very positive about the "teaming" process in assessment/program planning. Although the out-of-district areas benefit from this "teaming" process during assessment/program planning, it is not maintained to the same degree during consultation.

CAPE assists teachers with Individual Educational Plans on a requested basis. The IEP is the vehicle for the translation of assessment results or recommendations into specific programs, although in the outreach areas their use is quite inconsistent. Before a full assessment begins, a needs assessment for an outreach district and school should be done to achieve the following:

- aid in determining the system's and school's capacity to sustain a service to eligible children;
- highlight staff needs; and
- identify potential students.

In addition, a pool of equipment for demonstration to outreach personnel would facilitate more effective follow-up to assessment recommendations.

Finally, there is some concern expressed by teachers who are served by the CAPE Program, that more attention should be paid to more severely handicapped students in terms of program planning and consultation. Any barriers to follow-up could be examined through in-service workshops to Board executives on the nature and cost of services provide by CAPE.

3.3.5 Follow-up and Program Implementation

The CAPE model is a consultative model with several major distinguishing features:

- A specific classroom model is not imposed on the teachers;
- System, school and/or classroom needs assessments are employed to aid in decision-making;
- The child and environment are assessed according to stated staff, child and program needs; and
- Initial referral perceptions often change during this process.

The amount of direct service provided by CAPE Staff, to the child, is very limited, perhaps 5 percent at most. Direct service by CAPE staff is provided only in a crisis or as a demonstration of techniques.

Follow-up often is turned over to a local professional such as a speech pathologist or a physiotherapist. However, these people may or may not be able to implement the IEP, since they are untrained in pediatric disability areas of their discipline and, untrained to work with the handicapped children as reflected in the constitution of the professional preparation of programs.

Sometimes follow-up is very difficult because CAPE standards are more stringent than child care worker's standards. Role sharing seems to work in differential ways:

- CAPE staff seem to share roles well in education/psychological/behaviour and communication/vision;
- Also physiotherapists and occupational therapists seem to be able to do so, although at times they may be hesitant due to specific methods necessary in their treatments;
- Teachers seem quite willing to learn additional skills and knowledge, due to student needs;
- This exemplified most clearly in assessment through con-joint assessments by two or three specialists at once, for example physiotherapists and occupational therapists.
- Education, behaviour and communication specialists work together at CAPE.

The distinction between assessment and consultation is fairly well defined, and is reflected in the billing practices wherein the outreach school district is charged 15 percent of the total cost of the consultation. In addition, a Behaviour Review Committee examines program recommendations before any consults are administered. In some cases follow-up to assessment in outreach areas is required to establish credibility before consultation will be requested.

3.4 ASSESSMENT OF CAPE PROGRAM FOR HEARING IMPAIRED MULTI-HANDICAPPED CHILDREN

This section of the report contains an assessment of how well the CAPE Program responds to the needs of the hearing impaired multi-handicapped. Our analysis includes a discussion of the referral process, assessment, consultation, and in-service. Moreover, specific recommendations have been provided to assist the CAPE Program in delivering cost-effective service in an efficient manner.

3.4.1 CAPE Referral Process For The Hearing-Impaired Multi-Handicapped

CAPE utilizes an open referral system in which a teacher can contact any of the CAPE staff for an assessment. The teachers who were interviewed during the site visits said they really liked this process. The time between a referral and an assessment is considered by the teachers to be adequate, although one teacher said she had been waiting for 4 months for an eligibility assessment to take place.

Eligibility Criteria for Service Delivery

During the site visits, three classroom teachers, as well as five CAPE consultants indicated that the eligibility criteria for multi-handicapped, hearing-impaired students were unclear. Specifically, teachers expressed the difficulty in attempting to clearly define conditions which constitute multiple handicaps beyond attendant problems normally associated with a hearing impairment. Almost everyone who was interviewed expressed the need to more clearly define the criteria. Several teachers and two consultants suggested that eligibility decisions be based on program needs as defined by the evaluation team. Thus, specific levels of sensory impairment and multiple handicapping conditions should be specified as necessary for eligibility consideration.

3.4.2 CAPE Assessment Process For The Hearing-Impaired Multi-Handicapped

It became clear that both teachers and consultants viewed two kinds of assessment as necessary: 1) assessment of the child to determine eligibility for CAPE services and 2) assessment of the child to determine program planning. The two processes were seen to be different, requiring different testing procedures and content. CAPE staff undertake audiological testing for site of lesion and pure tone testing to determine eligibility, and incorporate an in-depth functional auditory skills analysis such as the Glendonald Auditory Screening Procedures (GASP), Test of Auditory Comprehension (TAC) or a communication profile. However, the teachers who were interviewed during the site visits, and a review of assessment reports, indicate that the results of these sophisticated tests are not reaching the teachers for the purpose of program planning.

In some cases, it appears that testing produces a significant amount of information which is not used in developing IEP's. Several experienced teachers commented, that post-test results were validations of their own perceptions of the children and, therefore, provided little new information. However, these teachers indicated that if they requested specific information it was provided quickly.

Three teachers suggested specifically that a conference between the teacher and consultant prior to the evaluation would prove helpful to both parties. In some cases this sharing of information and defining specific needs of both the consultant and the teacher had been done and proved to be very worthwhile. Two teachers noted that when a consultant used an educational model rather than a clinical one, the communication became much clearer and resulted in greater benefits to the child.

In summary, the assessment process, if used for eligibility purposes may be redundant to the experienced teacher. The inexperienced teacher, on the other hand may be overwhelmed by the test results. These teachers will need in-servicing and support to interpret and incorporate test results.

It may be beneficial to have one "team" responsible for testing for eligibility. This would leave others free to concentrate on programming needs for the teachers.

3.5 CAPE ASSESSMENT SERVICES FOR THE HEARING IMPAIRED MULTI-HANDICAPPED: A DETAILED ANALYSIS OF SPECIFIC COMPONENTS

This section of the report focuses on specific components of the CAPE assessment services respecting the hearing impaired multi-handicapped, including:

- breadth and adequacy of assessment process;
- scope of synthesis of assessment information;
- constitution of assessment teams;
- staff requirements;
- breadth and depth of assessments and the instruments employed; and
- follow-up to assessments.

Each of these components is discussed in the next several paragraphs.

3.5.1 Breadth and Adequacy of Assessment Process For Hearing Impaired Multi-Handicapped

The adequacy of the assessment process depends on several factors including:

- the clarity and inclusiveness of the criteria;
- the purpose of assessment (eligibility for CAPE services versus program planning); and
- the awareness of needs and services by school personnel.

In general discussions with consultants and teachers, the assessments can potentially cover most areas of need. Where testing cannot be done by CAPE staff, there is access to specialized services at the Glenrose Hospital. The impact of medical problems was perceived as minimal.

Scope of Synthesis of Assessment Information

The project team observed that there does not seem to be much pooling of assessment information before results are sent back to the teacher. It would be useful for the assessment team to get together and, delineate priorities first before sending results to the teacher. This should include a summary sheet for the teacher which pulls together information from each discipline. There is also a need for someone to translate this information into classroom practice especially for the inexperienced teacher. The use of the strengths and needs statements within each report would assist the teacher in preparing the IEP.

3.5.2 Constitution of Assessment Teams for the Hearing Impaired Multi-Handicapped

The assessment teams are comprised of competent skilled professionals who seem to interact well and support each other. In order to maintain this high level of cooperation, as noted by the consultants, in-servicing among the professionals involved should be maintained.

It is questionable as to whether geographical location is the best way to assign staff. It may be more appropriate to ensure that each team have preschool/elementary expertise as well as teenage expertise. The geographical assignment may be desirable perhaps, in terms of 'moving around' but at least one teacher specifically expressed the need for team members to have knowledge of the age group with which she is working. This is necessary if programming suggestions are to be valid for the child.

3.5.3 Staff Requirements for Hearing Impaired Multi-Handicapped

Minimum entry competencies for CAPE staff are very satisfactory. However, it would be beneficial if some specialist staff had more teaching/school setting experience. This would assist in better understanding the needs of the teachers to whom CAPE staff are providing service. As mentioned in other sections, access to a demonstration classroom, where both consultants and teachers intermingled on a regular basis, could prove to be worthwhile in bridging any gaps between clinical and educational models.

Presently, there are few provisions for direct supervision or evaluation of the CAPE staff. There are indicators which the Program Manager examines to ensure that the CAPE staff are fulfilling their mandate. However, there is no external validation of the quality of work being carried out by CAPE staff. Some staff expressed the desire for feedback from other people knowledgeable in their specific discipline in order that they could improve their weaknesses and build on their strengths. Two people working with hearing impaired groups expressed the desire to have access to a reading specialist.

3.5.4 Breadth and Depth of Assessments and Instruments for Hearing Impaired Multi-Handicapped

While an extensive analysis of instruments and assessments was not undertaken, interviews during the site visits, indicated that CAPE staff appeared to be very knowledgeable.

It was positive to hear about the interactions among the consultants and the audiologist during the assessments and this cooperation should be encouraged. Testing which provides functional information is, of course essential, and this aspect of the assessment process should be strengthened.

It was interesting to note that, during the site visits, CAPE staff did not mention parents as being an integral part of and actively involved in the evaluation process. However, this may have been overlooked in conversations with staff and teachers.

3.5.5 Follow-up Assessment for Hearing Impaired Multi-Handicapped

During the evaluation, the project team adopted the approach that effective education of teachers (the client) in Edmonton and Northern Alberta will result in effective education for the student. Thus, the impact of CAPE services will depend on several factors, including:

- the teacher's skill level and knowledge base;
- teacher openness to new information;
- teacher awareness of needs of children;
- teacher awareness of services of CAPE;
- personalities of people involved; and
- open communication to CAPE.

Although, teachers of the hearing-impaired multi-handicapped may need greater preparation through such programs as the University of Alberta diploma and Master's degree programs, the most critical issue is the ability of CAPE staff to translate results into program needs. If this can be accomplished, then teachers should be able to prepare IEP's which meet the identified program needs.

3.5.6 Degree of Impact For Hearing Impaired Multi-Handicapped

The degree of impact is based on the ability of the teacher to utilize the results of the CAPE assessments. CAPE staff noted specific changes in the teachers being served. These changes include:

- increased knowledge;
- increased skills;
- incorporation of suggestions into Individual Education Plans; and
- ability to ask informed questions.

(Refer to 2.5.5 for further discussion).

3.5.7 Audiological Services and Equipment at the CAPE Centre

The audiologist is responsible for assessment, consults and maintenance of equipment. Based on the number of assessments, the audiologist's caseload seems too high. Appropriate and functional hearing aids are essential to the student's education and, therefore, some provision should be made to provide a full time technician to handle equipment break down. Accessibility to loaner hearing aids should be quick and easy. Research indicates that even a few days break in the wearing of proper amplification can be critical to the child's functioning. It is recommended, therefore, that the audiologist not be responsible for equipment maintenance.

Basic assessment services seem to be excellent. However, it may be useful to develop a comprehensive communications profile with other team consultants in the areas of functional hearing, speech and speechreading abilities, as well as verbal, gestural or sign language. A major mode of communication could then be established and prove helpful in clearly defining and establishing priorities for the child.

If use of audition is seen to be a meaningful way to communicate with the child, then appropriate auditory training strategies should be used consistently and continuously with the child. This is more than fitting the hearing aid on the child and using the microphone. Auditory Training, by Erbers provides invaluable information.

3.6 ASSESSMENT OF CAPE PROGRAM FOR VISUALLY IMPAIRED MULTI-HANDICAPPED CHILDREN

This section of the report contains an assessment of how well the CAPE Program responds to the needs of the visually impaired multi-handicapped. Our analysis includes a discussion of the referral process, assessment, consultation and in-service. Moreover, specific recommendations have been provided to assist the CAPE Program in delivering cost-effective service in an efficient manner.

3.6.1 CAPE Referral and Assessment Process for the Visually Impaired Multi-Handicapped

The children assessed through CAPE are those who may have been identified as having a visual impairment. Children identified as physically handicapped or multiple dependent do not have access to vision services unless the teacher or another specialist refers the child for a vision assessment. The children who are referred seem to be those who have an obvious visual disorder or a visual condition that is obvious.

Criteria used by the CAPE Program as to what constitutes a visual impairment seem to be defined by medical/physical definitions. That is, the children so identified have an identifiable diagnosed eye condition. During interviews with the project team, CAPE staff noted that they would like to see a more functional definition such as children who do not look or appear not to process information visually. From an educational standpoint, this is an extremely important criterion especially in regard to multiply impaired children. Assessment by CAPE specialists may be limited when they do not have access to physician reports which happens frequently.

CAPE consultants observed that their caseloads do not permit them to conduct an in-depth assessment with children identified as visually impaired.

The CAPE consultants noted that with a client-based model, where the client is the teacher, it is necessary for them to be creative in developing services for the child. If the teacher does not perceive the need, the child may not receive the services of the educational specialists. This is particularly true in outreach programs, since most in-district schools know the capabilities of in-district teachers of visually impaired children.

Education specialists only provide assessment services for children under 2½ years. Liaison has been established with agencies such as the CNIB. Cooperative arrangements with the CNIB provide registered children with access to assessment services of CAPE.

CAPE specialists noted that if an out-of-district child is not referred for services, he may not have access to educational specialist services. These children may be the most severely handicapped and include the physically handicapped and multiple dependent. It would appear that the awareness and knowledge of CAPE services on the part of out-of-district educational personnel are the necessary pre-conditions for accessing CAPE specialist assessment and consultation services.

The appropriateness and adequacy of assessment and follow-up depends upon:

- clarity and inclusiveness of criteria;
- availability of specialist personnel; and
- awareness of need and service by school district personnel.

In this regard, education resource personnel are limited by the number of assessments, consultations and in-services they are called upon to do. Service to children within the district is substantially more thorough and ongoing than for those outside of the district. Teachers who are aware, call upon the CAPE specialists; those who are not aware do not access these services. This places a large responsibility upon teachers for which they may not be prepared.

A more workable definition of visually impaired/multi-handicapped category is needed in order to facilitate access of multiply handicapped students to the services of vision specialists. Two possible types of definitions are:

1) Functional definitions to include those children who do not have diagnosed eye disease, but who do not visually attend, establish eye contact or process visual information. Some of these may be diagnosed as "cortically blind", others may not have been visually evaluated, and still others described as having ocular-motor anomalies.

   These children are assisted in their learning when there is emphasis on visual stimulation, visual/motor activities and visual perceptual training (as well as other terms of sensory integration activities).

2) Another type of functional definition that further clarifies the status of visually impaired children, is one that distinguishes the academic student from the pre-academic. In the pre-academic area the non-verbal, developmentally delayed and/or emotionally disturbed blind child who functions on a retarded level is often only viewed as developmentally delayed while their needs due to a visual handicap are left unattended.

3.7 CAPE ASSESSMENT SERVICES FOR THE VISUALLY IMPAIRED MULTI-HANDICAPPED: A DETAILED ANALYSIS OF SPECIFIC COMPONENTS

This section of the report focuses on specific components of the CAPE assessment services respecting visually impaired multi-handicapped, including:

- breadth and depth of assessments and the instruments employed;
- staff requirements;
- follow-up to assessments; and
- short and long term impact of assessment.

Each of these components is discussed in the next several paragraphs.

3.7.1 Breadth and Depth of Assessments and Assessment Instruments Employed for the Visually Handicapped

The main objective of assessments made by vision specialists is to determine if the child can use his/her vision as a mode for learning.

The assessment focuses on functional vision; that is, the degree of efficiency with which the child had become in the use of his/her residual vision. With verbal, academic visually impaired students, this is an important area to assess in order to determine if the child will be a print reader. Visual/motor development, visual perception, imagery and memory are evaluated. The specialists employ materials specially designed for this population. The problems noted for this population include:

1) access (by specialists) to up-to-date medical information;
2) time allowed for full assessment, such as observation of child in a variety of learning situations and lighting conditions;
3) ability of teacher to translate assessment information into program.

Assessment of visually impaired multi-handicapped children is often difficult, particularly in a short timeframe. Access to visual assessments are determined by the teacher's perceptions of the child's needs. If the teacher does not perceive (or realize) that the multi-handicapped child is failing to learn because of visual limitations and, designates the child's difficulties to behaviour, that pupil is not assessed for vision.

In general, the education specialists feel restricted by definition of handicap and are mainly called upon to determine if the child is visually impaired within a restrictive definition.

The vision problems of multi-impaired children are likely to be associated with neurological impairment and ocular-motor problems, rather than to eye disease. Nevertheless the impact is enormous on all aspects of development and may underline behavioural difficulties such as inattentiveness and light gazing.

The problems noted for this population include:

1) Non-use of materials specifically designed for this population, such as Efran-Dubanoff Scale for Deaf Blind and Multi-handicapped children, and the Deaf/Blind Vision Assessment Manual, Oak Hill School.

2) Access to visual assessment of children diagnosed as behaviour-disordered multi-handicapped and who do not meet "legal" criteria of visual handicap.

3) Teacher knowledge/awareness/skill in recognizing the effect of visual problems.

4) Time allotted for assessment of those pupils.

5) Age appropriateness of some of the materials presently in use with older students.

6) Teacher's ability to translate assessment into programs.

7) Access to up-to-date medical information.

8) Role of specialist respecting teachers' perception. This is a particularly critical area. Education specialties need to assess environment, noise levels, lighting, seating arrangements and learning materials. Social and adaptive behaviour, communication modalities and teaching methods are potent factors in facilitating the multi-handicapped child's adjustment in school and educational specialists should be included in the assessment process.

In general, assessment instrumentation is most suitable for young children and visually impaired students without additional handicaps. Instruments for deaf/blind and multiple dependent children rely, of necessity, on observational techniques and take much longer to administer. In many cases, time and access to this group of children is not sufficient.

3.7.2 Constitution of Assessment Teams For The Visually Impaired Handicapped

The CAPE assessment teams include the disciplines of speech/language pathology, vision specialists, occupational therapy, physiotherapy, audiology and psychology. Educational specialists coordinate the medical reports and recommendations and translate them into practical, functional programs for visual enhancement. Both programs appear to be succeeding in providing broadly-based functional assessments. The assessment process is relatively straightforward, and emphasis is placed on a number of instruments designed to yield information regarding visual functioning.

The educational specialists in the CAPE Program are qualified specialists in the education of the blind and visually impaired. One of the specialists is qualified in the orientation and mobility field. The reports prepared by these staff are well written, complete, and provided information respecting functional vision and visual perception.

The CAPE Program makes adequate provision for assessments and stresses the use of familiar materials. Assessments also include observation of children in familiar settings. However, since the project team did not observe the assessment procedure with severely handicapped children, no comment with authority can be made respecting the adequacy of the assessment process with this type of child. Nor can a comment be made respecting the adequacy of provisions to multiple dependent children for assessment.

Therapists seem to feel that team work is more effective outside of the district than in-district, and that as the children grow older, the team gets further apart. Physiotherapy and occupational therapy personnel do not go outside of district if there are similar personnel within the community. Since few physical and occupational therapists have training in the pediatric and blindness fields, one must consider the appropriateness of assessments not made with team involvement.

SUMMARY

There is no question that CAPE assessment teams have the necessary professional training, experience and background to be considered professionally competent. Reliance upon aides trained in the field to carry out programs and recommendations can present problems. However, the supervision and monitoring of these aides and the responsibility for the quality of the student's program is not effective.

3.7.3 Synthesis of Information From Assessments For The Visually Handicapped

The teacher writes the IEP which often incorporates the instructional suggestions made by the CAPE specialists. The educational specialist (orientation and mobility) writes the goals for mobility instruction. The educational specialists make presentations to the teachers, although less frequently within district, and to children in classrooms. They also work with teacher's aides especially to teach mobility skills.

Information synthesis varies considerably within the CAPE Program depending on the receptivity and willingness of the school staff, as well as on their ability to implement suggestions in their respective settings. An educational specialist in the CAPE Program noted that there is difficulty in becoming visible and making teachers aware of how they can utilize the services of the educational specialists for the visually impaired to help synthesize information and assist in IEP development.

In-service for teachers is one method used to help teachers incorporate suggestions for IEP preparation. For example, Physical Education classes present a problem for many blind children. However, CAPE specialists can help teachers provide Physical Education to their blind students.

CAPE specialists felt that sometimes they did not know whether their suggestions were being incorporated since follow-up to assessment is minimal, particularly out-of-district. Specialists are not always aware of how information is being synthesized. They feel some teachers are not aware of the special needs of visually impaired students, especially those with additional handicaps.

Synthesis of material depends a great deal on the teacher/client and his/her expertise, agreement with the assessment and knowledge of how to apply the recommendations. This synthesis could be facilitated by providing a summary sheet which 1) puts together the main points of the assessment, and 2) states some educational objectives or priorities for the pupil. Perhaps the report of the educational specialists could also indicate availability for further consultations.

3.7.4 Staff Requirements For The Visually Impaired Multi-Handicapped

CAPE staff are involved in two types of assessment: 1) determination of eligibility, 2) assessment for program modification and program development. Current staffing levels are not sufficient to meet the assessment and consultative needs of the service area population. This is especially true for those districts which do not have the appropriate

educational specialists to provide the necessary follow-up. It would seem unfair to evaluate the current service teams capacity to serve their needs since adequate follow through is dependent on local community resources. Even if the number of educational specialists were to be increased, educational programs would still be lacking for those children who require more intensive educational and habilitative programs.

Consultations for outreach programs are not sufficiently intensive to lead to the development of well-integrated functional programs (IEP). Consultation versus in-service may take the form of training an aide to carry out specialist recommendations. In some cases, this means that an aide is almost entirely responsible for a child's education. This also means that dependency on a single adult is being encouraged and the student does not develop independence and self-reliance, which are important goals for visually impaired children.

The use of itinerant teachers, perhaps con-jointly funded by three or four school districts might serve to alleviate this problem. Educational specialists with training and interest in the visually impaired multi-handicapped children (who are included in current CAPE staff) could be utilized full-time with these students.

3.7.5 Summary of CAPE Assessment Services For The Visually Impaired Multi-Handicapped

Vision assessments of sensory impaired multiple handicapped children need to be made over time. Use of video equipment can be extremely valuable in supplying data regarding how the child "looks", what he/she "looks" at, and how he/she attempts to establish contact with people and the environment. Severely physically handicapped non-verbal children do not have strategies to respond to formal tests of visual efficiency. When visual impairment also is a presenting condition, there is usually no way of knowing the degree of task comprehension. Observation of the child in the home as well as school is often very helpful.

Initial identification of children should be more broadly based. Children are often evaluated in terms of a "primary" handicap and when it comes to a multiply impaired child, the visual impairment may often be ignored if the child is diagnosed as multiple dependent. Thus, there is confusion about primary handicap. A visually impaired, developmentally delayed child may not have access to vision services in outreach programs. Criteria in out-of-district programs should be broadened to encourage and facilitate access. The child's vision problems are often a greater impediment to access to information and learning than the level of mental handicap. Vision problems tend to greatly depress level of function of multi-impaired children.

It would be helpful if the CAPE assessment team had access to up-to-date medical information as regards the visual status of multi-impaired children.

3.8 CAPE ASSESSMENT SERVICES FOR COMMUNICATION AND BEHAVIOUR (AUTISTIC) DISORDERED CHILDREN: A DETAILED ANALYSIS OF SPECIFIC COMPONENTS

This section of the report focuses on the following components of the CAPE assessment services respecting severe profound communication or severe profound behaviour (autism) disordered children, including:

- breadth and adequacy of assessment process;
- scope of synthesis of assessment information;
- constitution of assessment teams;
- staff requirements;
- breadth and depth of assessments and the instruments employed; and
- follow-up to assessments.

Each of these components is discussed in the next several paragraphs.

3.8.1 Breadth and Adequacy of Assessment Process For Communication and Behaviour (Autistic) Disordered Children

Although the current assessment process for severely language disordered children is rather well-developed, the children with autism present a greater challenge to the CAPE assessment process. That is, the speech and communication specialists have a rather extensive battery of assessment devices which can be effectively employed in identifying the child's strengths and needs. However, in the case of the severely autistic student, standardized assessment devices are less useful and more direct classroom observations must be employed along with the more traditional procedures in order to carefully determine the child's strengths and needs.

Although there was some disagreement regarding the adequacy of the definition being employed to ascertain a child's eligibility for CAPE services in the language disordered multi-handicapped category, it does seem to be functional. The current definition being employed for eligibility under the category of severe behaviour disorders includes significant disturbances in affect, developmental rates or sequences, languages/speech and perception. The inclusion of these multiple areas of functioning and the severity dimensions provides a clear eligibility criteria for use in identifying CAPE appropriate students.

The use of this multiplicity of criteria, as well as a substantial degree of severity in one or more of these areas, is consistent with the other eligibility categories. These characteristics do not all lend themselves to ready identifications. The language dysfunction can be documented with standardized tests showing either normative, developmental or curricular deficiencies. The other two categories will require the use of observations (naturalistic), checklists, social maturity measures, and functional measures of environmental responsivity.

Although program development requires a more functional approach, during the last three years, the Resource Team in the area of education/behavior/communication has been developing a battery of devices which seems to be very useful with the severe behaviour disordered (autistic) student. The teachers with whom the study team interacted also confirmed a much more effective behavioral observation process for identifying the children's specific dysfunctions and behavior problems.

The project team confirmed this process through direct observation and participation at two schools. The result of these observations of the in-classroom assessment was a clear demonstration of the effectiveness and relevancy of the team's approach to problem identification and the development of intervention strategies. The teacher and aides were also active participants in the process, thus increasing the chance that they would carry on the solution following the departure of the CAPE staff in terms of an integration of the assessment/consultation results into children's programs.

The members of the assessment team identifying eligible students in these categories seemed to adequately represent the appropriate disciplines. This is another example of the advantage of the Service Area Team/ Resource Team matrix in providing additional assistance when necessary.

The assessment team's use of a functional approach to assessment provides a positive departure from the normative based, standardized assessment process typically used in a clinical setting. As well, the conduct of the assessment in the child's natural environments, the classroom, day care centre or group home, lends to the validity and likely applicability of the assessment process results.

3.8.2 Scope of Synthesis of Assessment Information

Synthesis of assessment information at CAPE was variable because of a lack of follow-up by CAPE staff through to IEP preparation with the teachers. IEP development also seemed removed from the results of CAPE assessment, although in difficult cases there was a closer linkage.

The nature of ongoing Program Consultation is summarized as follows:

- urban areas seem to receive good contact;
- more severe children receive less contact; and
- rural areas are not adequately covered.

3.8.3 Constitution of Assessment Teams For Communication and Behaviour (Autistic) Disordered Children

The constitution of assessment teams in this specialty area was examined from the perspective of client needs and program provisions. With respect to client needs, there was a high level of responsiveness, especially through a good selection of the first contact person.

Program provisions were generally found to provide appropriate linkage with program consultants and specialists. However, this was found to vary between in-district and out-of-district, with the latter often experiencing a less appropriate linkage.

3.8.4 Staff Requirements For Communication and Behaviour (Autistic) Disordered Children

Staff requirements were examined with respect to minimum entry competencies, past experience and appropriate supervision. Minimum entry competencies were generally good with some highly qualified people. In some cases, classroom teaching staff require more preparation.

Past experience of staff revealed that some have extensive experience on transdisciplinary and interdisciplinary teams, while others require in-service and more training. This was particularly true for some staff in the speech/communication and education/behaviour/psychology Resource Teams in the language and autistic areas.

To ensure appropriate supervision, clinical audits and periodic reviews by external independent persons are required. In addition, there is a need to establish a Behaviour Review Committee comprised of in-house and external people.

3.8.5 Breadth of Assessments and the Instruments Employed For Communication and Behaviour (Autistic) Disordered Children

The breadth of assessment instruments used to test functional competencies in this area was adequate, but more assessment instruments could be made available. For developmental testing, the repertoire was more than adequate. Finally, consideration should be given to an increased analysis of the home environment in order to coordinate and enhance the family's capacity in caring for their child's educational needs. Use of specific inventories of family functioning and home conditions as these related to the educational needs of the child would be most useful in this area.

3.8.6 Appropriate and Adequate Follow-up Assessments For Communication and Behaviour (Autistic) Disordered Children

Follow-up assessment for program modifications works well in some in-district schools, but is less adequate for out-of-district schools, with two or three possible exceptions. A similar situation exists with respect to staff/client/peer interactions. In the area of adjustment to the community, some follow-up to the home environment and group homes is being done. More recently, follow-up on vocational, recreation and leisure activities is being done.

3.9 CONCLUSIONS AND RECOMMENDATIONS OF CAPE ASSESSMENTS

The primary data base for the evaluation emerged from the project team's synthesis and analysis of program material, interviews with the Program Managers, site visits and synthesis of teacher and parent questionnaires. This experiential data base reflects the expertise and experience of the project team.

3.9.1 Assessment of Program Model

The breadth and adequacy of the assessment process seemed excellent in CAPE, particularly in so far as the Service Area Team and resource team division interrelated in the flexible provision of assessment services. Although by-passing traditional disciplinary boundaries to some extent, this matrix model seems to allow for the flexible and adaptable requirements of assessment process.

The scope of the assessment process, in terms of information synthesis about the child, was somewhat variable. This variability was due to lack of consistent follow-up by CAPE staff through to IEP development. That is, IEP development seemed removed from the specific results of the CAPE assessments, although for more difficult cases or those with a multiplicity of needs there was a closer linkage.

3.9.2 Referral Process

A good deal of community contact and public education is on-going regarding CAPE services and the needs of sensory impaired multi-handicapped students.

A greater degree of public education should be provided by continuing present activities and initiating more in-services at teacher's conventions, using slide/tape presentations, contact with health units, pediatricians, and family practitioners, and video/television presentations to aid in the increased detection and referral of eligible children. As this process increases referrals, fewer false positives could be made by having a specialized sub-group of staff available for screening new referrals respecting eligibility, when necessary.

Cross referrals between CAPE and Glenrose Children's Hospital require regularized arrangements set up from Ministerial levels through the systems regarding designation of clientele and regularly scheduled contacts. Specific designations of clientele should be established by respective ministerial policy and decision-making rather than leaving this process up to informal mechanisms for resolution.

The intake officer for CAPE seems to be carrying out her roles quite effectively. However, possible overloads are occurring which could be alleviated through addition of support staff so that crucial family contact, placement activities, and public awareness activities are not sacrificed in the process of managing intake referrals to the staff.

Planning sessions among Service Area Teams seem very effective for setting up assessments and priorizing referrals.

CAPE literature for school personnel seems to be well-developed and articulated. However, this may require follow-up in order to establish the means to use these documents functionally.

Some confusion continues to exist regarding specific eligibility characteristics. However, implementation of the specific criteria for eligibility under the autism category described previously should alleviate this difficulty. Screening should be a small but active role for CAPE staff particularly with children under five.

3.9.3 Assessment Process

Staff

The staff involved in the assessment process are generally well-qualified in their respective fields, sensitive to the children, families, and teachers in terms of needs and stress, and well-matched to school/district features and unique characteristics.

Eligibility

Eligibility criteria should be expanded in out-of-district locations to include all low incidence handicaps. Expanding the group in the rural area would increase the numbers served in the outlying areas, thereby resulting in cost-effective service delivery.

In addition, eligibility criteria for sensory impaired multi-handicapped should be refined so that the single and multiple handicapping conditions can be distinguished as was done in the Severe Language Disordered Category. That is, specific levels of sensory-impairment in combination with specific degrees of delay or impairment in other areas of development should be specified for eligibility. Children with the single handicapping conditions, visual hearing impairment and physical handicaps could then be assisted through school-system sponsored services.

Planning and Intake Services

Assessment timelines are satisfactory; that is, from initial referral contacts to actual testing and from testing to reporting findings. The absence of a waiting list is a very positive feature of the CAPE service.

The use of the needs assessment process is excellent. It is recommended that this process be enhanced and provided for all units served by CAPE staff.

The assessment of functional competencies appears to be implemented on a modest basis. It is recommended that this process be increased, particularly for some of the visually impaired children and for competencies in the vocational training areas.

Developmental assessments are being used adequately, when appropriate, and may be employed too frequently as distinct from mastery-referenced or criterion-referenced assessments for specific program planning.

Increased analysis of the home environments should be initiated in order to determine family's resources in caring for their child's special needs.

Although the CAPE library has many good resources for parents and teachers, a greater variety of equipment is required for demonstration with teachers, particularly regarding hearing aids, communication systems, self-help devices, chairs supports and other prosthetic devices.

The interactive nature of the CAPE assessment process and the use of the child's classroom environment for assessment is a positive feature of the program. Although the in-vivo assessment process is highly effective, particularly regarding ecological validity issues, the absence of an on-site classroom at the CAPE Assessment Centre results in minimal contact of an on-going nature between team members and key teaching personnel.

However, the Service Area Team's contacts on a continuing basis is with some key classrooms in the Edmonton Public School Board District, and this may provide the opportunity for the in-vivo assessment process to occur. The CAPE programs should more systematically either utilize these classrooms as demonstration centres not only for programs and assessment but also to demonstrate the interdisciplinary functions of the team/teacher relationship or develop one/two on-site classrooms for this purpose at Belvedere School.

Result Reporting and Program Planning

CAPE reports are often quite detailed and include excellent remedial suggestions. Teachers indicated that explicit information was very helpful. A series of strengths and needs statements also should be included as a regular feature to assist in IEP development. This issue is particularly crucial as it is the teacher's responsibility to develop the IEP, on their own.

Since many children require technical devices or assistance, a qualified technical aide (perhaps part-time) should be hired to CAPE staff and teachers with the following areas:

- prosthetic devices;
- splints;
- seating assists; and
- equipment maintenance.

The assessment/program planning process involves virtually the "training of teaching staff" with new methods and programs. If this process is to continue, the following generic training packages (programs) should be developed, which would then formalize the "instructional aspects" of this interaction, persumably to benefit the teachers:

- basic orientation preparation for the visually impaired;
- initial mobility training;
- handling techniques;
- feeding and swallowing programs; and
- communication skills and speech competencies.

Resource Area Teams ought to undergo clinical review bi-annually by discipline area expert. In addition, service Area Teams ought to undergo a clinical audit once a year by a person(s) with transdisciplinary background.

CAPE Assessment Teams should establish a consistent vehicle, such as the GAIN Plan concept, in order to integrate assessment results into program plans.

Disparities among CAPE staff were noted by the teachers during the interviews regarding assessment contacts. That is, some teachers felt that the team members were excellent, spending an appropriate amount of time conducting the assessment and being very competent in their job, whereas other teaching staff felt that some CAPE Assessment Team members were re-stating the obvious through their reports of assessment results and were in and out of the classroom so quickly, that they were unable to learn adequately about the child's true difficulties.

Some emphasis should be placed upon the development of consistent contact times for assessment, particularly in terms of teacher/student observations. When an assessment must be rather brief by virtue of the child's characteristics, this brevity should be discussed with the teacher and principal.

The CAPE Needs Assessment should be used with all out-of-district Boards and schools before full assessments begin. This would assist in:

- determining the system's and school staff's capacity to sustain the services to an eligible child;
- highlighting potential staffing needs, such as in the visual/hearing impaired area through the use of an itinerant teacher model; and
- screening for and identifying potentially eligible students.

Consumers of the CAPE out-of-district services have a very positive perception of the assessment teaming process, particularly in communication, behavior/education/psychology areas and for some specific sub-specialties such as the vision specialists and physiotherapist.

3.9.4 Follow-up and IEP Consultation Attendant to CAPE Assessment

Within district, CAPE teams seem to have excellent follow-up and consultative contacts particularly in reference to program implementation by the teaching staff.

Little direct therapy services are provided by the CAPE team members unless for demonstration purposes. The use of demonstration classroom programs may be quite essential to expand upon services to out-of-district personnel in the development of special programs stemming from the assessment team's results and recommendations. This demonstration program would provide for the opportunity to demonstrate new methods and techniques for teaching staff by the CAPE consultants, ensure the consultant maintains skills in actual clinical practices, and provide for maximum credibility as intervention specialists by CAPE staff.

Follow-up in the out-of-district placements by some CAPE specialists is minimal if therapists within their discipline are available in local jurisdictions. However, local specialists may not be able to meet the eligible child's specific program needs. That is, the local therapists may be untrained in pediatric specialties or in practices appropriate to the handicapped child.

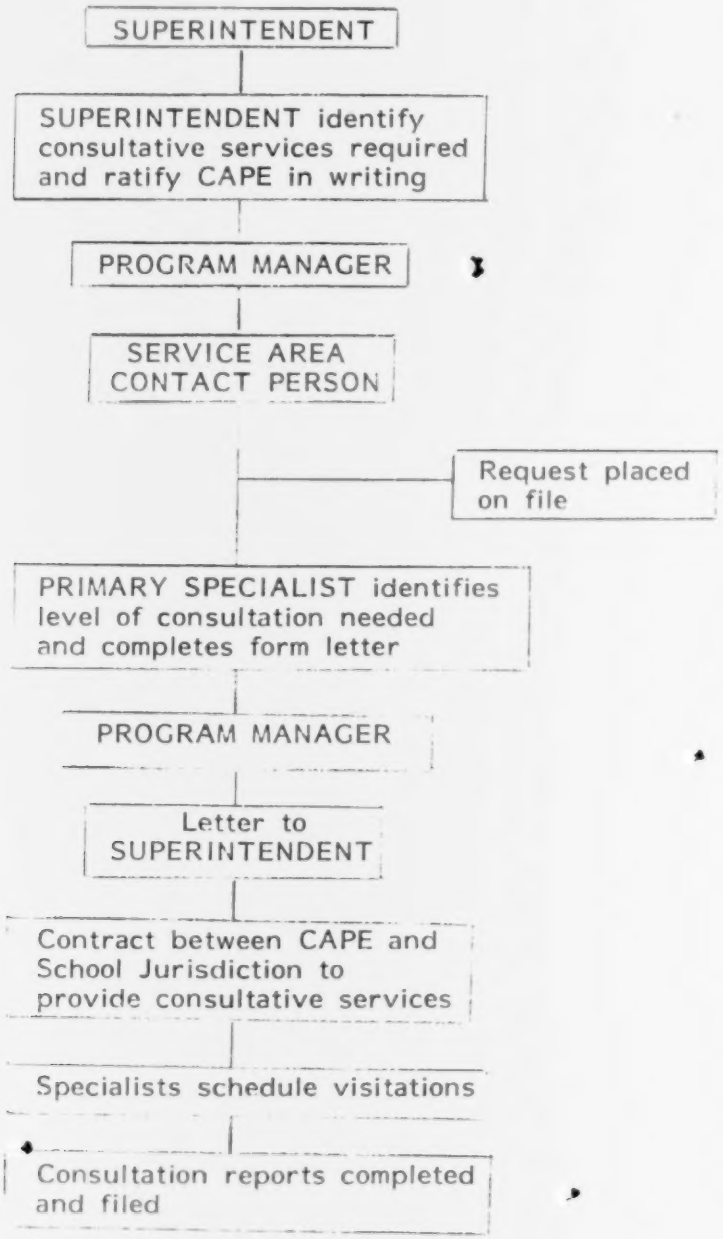
3.10 ASSESSMENT OF CAPE CONSULTATION SERVICES

All consultations take place in the student's school. Consults are conducted by one or more service areas team members who were involved in the student assessment.

Consultations are conducted at pre-determined times as indicated in the assessment recommendations or on a required basis at the discretion of the student's teacher. Exhibit VII outlines the major steps in the consultation process.

EXHIBIT VII

CONSULTATION SERVICES PROCEDURES


SUPERINTENDENT
SUPERINTENDENT identify consultative services required and ratify CAPE in writing
PROGRAM MANAGER
SERVICE AREA CONTACT PERSON
Request placed on file
PRIMARY SPECIALIST identifies level of consultation needed and completes form letter
PROGRAM MANAGER
Letter to SUPERINTENDENT
Contract between CAPE and School Jurisdiction to provide consultative services
Specialists schedule visitations
Consultation reports completed and filed

The nature of the consultative service is one of coaching, demonstration and/or resource support. Oftentimes, this involves incorporating assessments into individual educational programs and follow-up to assessment recommendations, as required.

The length of time in responding to an in-district consultative request varies from one to five days but can be as long as two weeks depending on the school, time of year and type of consult. Consult requests from out-of-district take from two to six weeks because a contract with the district superintendent must be signed before the service can be provided.

Eighty-two percent (14/17) of the teachers who responded to the questionnaire indicated that consultation services were adequate. However, more than half of the teachers (10/19) indicated that it is difficult to gain access to CAPE consultation services.

3.11 ASSESSMENT OF CAPE CONSULTATION SERVICES FOR HEARING IMPAIRED MULTI-HANDICAPPED

Consultation services are provided at the request of classroom teachers. Teachers expressed some concern with:

- communication between teachers and consultants;
- understanding of classroom implementation by the consultants;
- the need to translate recommendations into classroom setting; and
- follow-up to consultation.

Consultation services, as noted earlier, are provided effectively in-district, whereas out-of-district services are limited. This may be a result of poor access to consultants, costs of consultations to out-of-district schools and/or a lower level of awareness of the available services.

3.11.1 Constitution of Consultative Teams For Hearing Impaired Multi-Handicapped

Consultants are drawn from the assessment team. As is the case with the assessment team, CAPE consultants work well together and exhibit a high degree of interaction.

3.11.2 Direct-Therapy Services For Hearing Impaired Multi-Handicapped

CAPE staff feel very strongly that the client is the teacher, not the child, and that direct therapy, if required should be done by the appropriate agency. This has posed an adjustment problem for these specialists since they are used to hands-on therapy. It was felt that the teacher/client model could be effective as long as direct therapy needs could be met elsewhere.

Direct therapy has taken the form of instruction in sign language to teachers/parents, some work with children for demonstration to teachers/aides and the audiologist helping the children with hearing aids.

There is a need to assess whether direct therapy services are in fact being adequately provided, particularly to out-of-district students. Moreover, the relationship between the Glenrose Hospital and quality of service should also be examined. This was discussed in the preceding sections.

3.12 ASSESSMENT OF CAPE CONSULTATION SERVICES FOR THE VISUALLY IMPAIRED MULTI-HANDICAPPED

The emphasis and resources made available for the assessment process are not matched for the consultation process. Given the mandate that visually impaired children without additional handicaps as well as multi-handicapped children are to be served in outreach areas within the same framework, it is not physically possible for present staff to provide adequate consultation and follow-up services. Therefore, visually multi-handicapped children may indeed vanish into other categories such as multiple dependent or behavioural disordered and have no access to services for the visually impaired.

Generally, CAPE consultation services for visually impaired, multi-handicapped students was found to be quite good. However, one teacher felt that on-going consultation was not consistent. The teacher received reports but had little opportunity to provide input. Program recommendations seemed inappropriate for students who were in their adolescent years.

Another teacher, who is exceptionally able and is successfully integrating CAPE (Visually Handicapped) students into regular classes, noted that consultation takes a great deal of the teacher's time. She noted that it is more helpful when therapists and consultants come into the classroom.

It is the teacher's responsibility to integrate the children and keep up expectations, and when conflict arises it is over the expectations for the student. For example, visually handicapped children need to learn to be independent for such things as getting their lunchboxes and learning materials. Some consultants will only see the child in his/her own environment and, since they see children in "staged" environments, they do not comprehend the necessity for independent and peer-appropriate behaviour. Consultants need to know all the activities expected of both the child and the teacher in order to make realistic suggestions to the classroom teacher.

Direct Therapy Services For Visually-Impaired Multi-Handicapped

Direct therapy services are not generally provided by CAPE specialists, who coach the teachers or teacher's aides for specific purposes such as orientation and mobility. There is a need, however, to assess whether there direct services are available to visually impaired multi-handicapped students, particularly in outreach areas. If direct services are not available in local jurisdictions then the teacher is either dependent upon his/her own skills or CAPE services.

SUMMARY

Both teachers and consultants are concerned about the children and providing consistent, systematic and appropriate education. There is a high degree of consultant input into the program. The major limitation is imposed by the heavy caseloads and difficulty inherent in serving a large geographical area. Oftentimes, this results in the perception that consultants are parachuted in and out, never to be heard from again. Follow-up to consultation would go a long way toward alleviating this problem.

3.13 ASSESSMENT OF CAPE CONSULTATION SERVICES FOR COMMUNICATION AND BEHAVIOUR (AUTISTIC) DISORDERED CHILDREN

3.13.1 Consultation

Classroom visits, particularly on a con-joint basis with team specialists are important to analyze interaction among student, teacher and adults and assess program modifications. Home visits and parental contact should also comprise an integral part of the consultation. The teaming approach for consultations compliments this approach quite well. Consultation planning should make use of the needs assessment process to organize and identify content and consults, and subsequent in-service requirements.

3.13.2 Receptivity of Educational Staff

The level of ability and experience of teaching staff is variable with some staff requiring a good deal of in-service preparation. Physiotherapy needs of students often require on-going contact.

Teachers are willing, but often forget handling methods which necessitates update and review. Many teachers are willing and eager to provide updated programs but require CAPE staff support for implementation. The high activity level of aides and developmental assistants places another burden on teachers to translate consultant advice to a third party. CAPE staff use consulting and in-service to assist in this area, but it could be more focused. Many teachers require assistance in translating assessment results and identified student needs into program specific goals.

3.14 CONCLUSIONS AND RECOMMENDATIONS OF CAPE CONSULTATION

Generally, follow-up and consultation seem to be satisfactory in-district with 25 percent of staff time being allocated to this process. However, only 11 percent of staff time is devoted to out-of-district consultation. This is considered to be inadequate when compared to time allocation to in-district schools. CAPE staff should attempt to achieve a more equitable distribution of consultation time between in-district and out-of-district schools.

Staff/client/peer interactions seem to be well-developed in some locations such as specific CAPE classrooms in the Edmonton Public School Board District. However, there is only a small degree of continuous interchange taking place in the outreach areas, save Fort McMurray.

Excellent consultation in-district seems available for aides, assistants and other support staff. However, greater contact could be attempted with colleagues in outlying districts within the resource specialization areas. This process would circumvent the current problems of over-lapping clientele which may present ethical dilemmas to some of the specialist areas. One mechanism to identify these issues would be to insure that the specialist area team members participate in the needs assessment process which could allow for an identification of the specific areas requiring attention not being met by a local specialist for the eligible students.

In the rural areas the follow-up period of three months is too long for some centres. This delay may be due to the agreement of the system to the CAPE contract, but nonetheless, this does interpose a rather long delay sometimes in the process.

The CAPE system of describing and outlining potential services in the contract and their attendant costs is excellent and seems to be very well-received by most superintendents, especially after having in-service sessions with the principals and superintendents. This system works well and seldom presents an impediment to rural consultation. However, the added cost to school jurisdictions for this consultation service does seem to slow down the follow-up and consultative process for some boards.

Home visits and parental contacts should be a mandatory component of the out-of-district consultation service, as well as in-district.

Personnel both in-district and out-of-district should be clearly informed of the consultation services available for children in transition to various programs.

Vocational preparation should be more strongly emphasized as an area of program consultation and assistance. This facet is particularly important in rural areas where a student may be looking to local community resources for vocational activities after leaving a school program.

Teaching staff should be prepared through workshop in-service formats to acquire the necessary skills to request consultation.

3.15 ASSESSMENT OF CAPE IN-SERVICE TRAINING PROGRAM

CAPE staff provide in-service training to school staff who are educating sensory, multi-handicapped students, as well as to the parents of students. This component of the CAPE Program is designed to enhance the effectiveness of the other two services, namely, assessment and consultation, by providing clients with the following:

- a general understanding of the problems, limitations and alternatives for treating sensory, multi-handicapped children;
- substantive knowledge in specific disciplines related to sensory impaired multi-handicaps; and
- information and resource materials to assist in educating and caring for students.

3.15.1 Assessment of CAPE In-Service Training For Hearing Impaired Multi-Handicapped

Although some areas such as speech reading and speech training, may be missed in terms of specific personnel preparation for teaching the hearing impaired multi-handicapped, some in-service preparation is conducted in association with the planning and implementation of specific programs for students following the completion of the assessment process. This in-service is usually in advance, with the school or school Board. Upon approval by the principal or superintendent, in-service training is provided to the relevant teaching staff and support staff in the school.

In-services are an integral part of promoting the services of CAPE, particularly out-of-district, and for educating teachers about working with sensory impaired multi-handicapped children. Consideration should be given to monitoring the provision of in-services to ensure that they are achieving their intended purpose. As well, the University of Alberta programs for preparation of personnel working with the hearing impaired could assist in some in-service functions. In-services to teachers should continue to provide essential information on:

- language development;
- reading;
- communication skills assessments done by the teacher and aide;
- speech development skills; and
- auditory programming.

3.15.2 Assessment of CAPE In-Service Training For Visually Impaired Multi-Handicapped

In-service training activities are not as frequent as some teachers would prefer, but when they are provided, the teaching staff seem to obtain substantial benefit. For example, the provision of special training in the areas of mobility and orientation for the visually impaired multi-handicapped student have proven to be most useful for the teaching staff. As well, the provision of specific teaching techniques is very useful and indeed necessary for the implementation of the programs which have been recommended by the CAPE specialists.

One problem which arises in the provision of the in-service training by the vision specialist resource person involves the competencies of the teaching staff to implement the suggestions which are provided. If the teaching staff had some additional preparation(through summer institutes or the U.B.C. diploma program) as teaching specialists with the visually impaired/multi-handicapped, the recommendations made by the CAPE vision specialist and, methods demonstrated during in-service sessions, could be much more easily implemented.

The following topics should be addressed in in-service for teachers working with visually impaired multi-handicapped children:

- vision stimulation;
- body image/sensory integration;
- communication;
- socialization and mobility for the multiply impaired;
- use of technology (like sonic-guide training with the blind/multi-handicapped); and
- assessment of deaf/blind children (educational).

Vision stimulation is currently being addressed to some degree, but in-service sessions can be further expanded to include demonstrations to teachers, films, and sharing of materials and expertise. These topics are likely to be new for most elementary and special education teachers who need to become familiar with the concepts and their applications.

3.15.3 Assessment of CAPE In-Service Training For Communication and Behaviour (Autistic) Disordered Children

CAPE staff spend only 3 percent of their time providing in-services, although this overlaps with consultation to some degree. Usually specific in-service activities are organized, including:

- use of library materials from the CAPE Assessment Centre;
- team of CAPE staff is set up to deliver the in-service; and
- follow-up is organized to assist in implementation.

The following important topics should continue to be dealt with through in-service training:

- non-aversive or positive behaviour modification procedures;
- ethical use of aversive procedures or restraint procedures;
- communication approaches, particularly those emphasizing social contexts of language learning and teaching;
- role of teacher aides and developmental assistants;
- direct and incidental teaching methods, where appropriate;
- IEP development and functional use; and
- data collection methods.

There is an excellent blending of skills and knowledge through role sharing and con-joint in-service. This is best exemplified between behaviour, education and communication or between vision specialist and communication persons. Follow-up to in-service could be systematically planned so that needs are specifically met and, in some ways, satisfied. The transdisciplinary aspect of the programs seems to work effectively for several of the groups involved. However, it is essential that CAPE staff and teaching staff maintain an attitude of mutual trust and sharing. This attitude could be enhanced through joint in-service sessions, some of which may be offered by teachers regarding special intervention techniques CAPE staff may wish to share with other teachers of autistic or language disordered students.

3.15.4 Conclusions and Recommendations for CAPE In-Service

The consultation and in-service functions overlap somewhat due to the special needs the teaching staff have in order to meet the child's needs. However, CAPE staff seem to clearly differentiate the two functions.

Specific topics should be addressed in an on-going manner through in-service programs. These areas include screening and child identification, administration awareness and program support, positive and non-aversive behaviour management methods and innovative approaches to pre-linguistic and early linguistic communication approaches.

3.16 ASSESSMENT OF CAPE STAFF DEVELOPMENT

3.16.1 Staff Development For Hearing Impaired Multi-Handicapped

Many of the opportunities for staff development include general and specific sessions dealing with the multi-handicapped child. The staff in this area were quite pleased with the opportunities provided by the CAPE Program to obtain the professional development experiences, especially since for many, their initial preparation in their specialty did not include the hearing impaired, multi-handicapped.

Additional staff development activities could include speech training competencies, more preparation in the use of a variety of adjunctive communications devices and the additional skills required to teach increased use of residual hearing. In order for the CAPE specialists to obtain this type of staff development, some provision may be required to spend short extended leave periods of up to three or four weeks at an institute or university where such preparation could be obtained.

Another avenue for staff development in the hearing impairment area includes the use of the local and regional programs preparing personnel in this field; namely, the diploma programs at the University of British Columbia in the fields of the hearing impaired and visually impaired, multi-handicapped, and the programs for preparation of personnel to teach the multiple dependent handicapped as well as the hearing impaired, at the University of Alberta. Staff in these programs have some expertise which could be shared with the CAPE staff while at the same time obtaining credit for university course work and program credit.

3.16.2 Staff Development For Visually Impaired Multi-Handicapped

Considerable staff development opportunities are provided in the area of visual impairment. Some specialists noted that their training did not prepare them to work with multiply impaired children and they actively seek further education and training. Often courses are offered during the day and sometimes it can be arranged for a specialist to take a day course. Specialists in the program noted that there were ample opportunities to attend conferences and workshops and that they were encouraged to attend.

Given the heavy time commitments of most staff and the extent of need, some innovative approaches might be utilized such as intensive all-day workshops, films and demonstrations which take place on-site and involve the teachers working with the children. This type of in-service would enhance communication and provide opportunities for working together.

The field of the education of visually/multi-handicapped children is relatively new. The variety of professional expertise needed is drawn from medical psychological, physical and occupational therapy, audiological and communication as well as educational. Well-defined transdisciplinary approaches are still to be developed within the school context. The structure of the CAPE Program is ideally suited for the development of a truly transdisciplinary service to multi-impaired children. In order to accomplish this, three topics of in-service and staff development should be encouraged:

1) Increasing staff knowledge/skills in assessment and program development for visually impaired multi-handicapped children.

2) Increasing staff knowledge/skills in a transdisciplinary context rather than the traditional interdisciplinary professional model. Information should be pooled and re-conceptualized in order to provide teachers with the information they require to appropriately modify, adapt and provide direct service to children. There must be agreement and consistency in the goals for children.

3) Increasing teachers knowledge/skills. This area provides the greatest challenge and involves:

- the process of consultation;
- in-service and workshops for teachers; and
- long-range consultation and monitoring of programs.

CAPE has the potential of breaking through traditional categories and pooling the expertise of its staff so that the focus is on the delivery of necessary and appropriate educational services to multi-handicapped children.

3.16.3 Staff Development for the Communication and Behaviour (Autistic) Disordered Children

Although the staff have teamed well in the diagnostic and program planning process for teachers and students in this area, the complexities discussed earlier and the on-going rapid development in this field enhance the essential role played by staff development activities for CAPE personnel.

Somewhat different approaches than two to three day conferences and workshops may be necessary in order to meet the staff needs for professional development in this area. Several program sites both in the United States and in Canada (for example with researchers at the University of British Columbia or with specific programs for the Autistic child in the United States) could perhaps provide some specially-arranged staff development activities to assist in the assessment and program planning processes.

The specialists were generally pleased with the staff development opportunities made available to them. However, it seemed that more extensive activities would have a greater impact upon the children's programs. One example of this effect is seen in the classrooms where the teachers and the CAPE consultants participated in the Teaching Research Program in Oregon. In this classroom the type of program planning and consultation was exemplary of teacher-consultant cooperation and interaction not only prior to and during the assessment process, but also during the follow-up and consultation phases of the CAPE service delivery process.

This type of on-going staff development and manpower preparation seems advisable, as the implications for staff continuing in their roles on the CAPE teams, may in part, depend upon their perceptions of themselves as successful consultants.

3.16.4 Professional Development of CAPE Staff

Most staff feel there are many excellent opportunities for professional development. One area of concern by some specialists was the request for specific professional development activity within their discipline, such as a one week skill learning session in a series of methods within a particular discipline. This problem could exist for any Resource Team area. That is, conferences may not build the skills as much as a one week or two week special course on a specific topic with sensory impaired multi-handicapped children. These courses could be set-up through the University of Alberta departments such as Speech Pathology, Physiotherapy, Occupational Therapy, Educational Psychology, Vocational Education, Elementary Education or Psychology. Teaming workshops and the consulting skills workshops are highly regarded.

3.16.5 Conclusions and Recommendations for CAPE Staff Professional Development

According to CAPE staff, excellent professional development opportunities are available. However, some staff require specific professional development activities within their discipline and ought to be able to obtain this preparation, even if somewhat extended (two to three weeks) periods of time may be required. The two universities preparation programs should be accessed for these proposed professional development functions.

3.17 ASSESSMENT OF ROLE SHARING AMONG CAPE STAFF

Role sharing among CAPE staff is constrained by the fact that specialists do not generally see children together. Nonetheless, information is exchanged at teaming sessions. Moreover, the educational specialists seem to work extremely well with one another.

An excellent foundation has been established for the delivery of services to multi-impaired children. However, provision of direct services to multi-handicapped with visual impairments needs to be addressed. If classroom teachers are to have the main responsibility, then they need greater access to consultant time for sustained and regular periods of time. They would benefit enormously from participation in workshops provided by CAPE staff. The expertise the teachers already have should be shared with the CAPE staff so that two-way communication can be made more effective, disagreements clarified and educational objectives well defined and agreed upon.

There is also little hesitancy about consulting, advising and supporting one another. The Service Area, Resource Team matrix arrangement, as discussed previously, lends an organizational structure to the program which nurtures this process.

3.18 ASSESSMENT OF FAMILY INVOLVEMENT IN CAPE PROGRAM

Family involvement in CAPE programs is difficult to assess. The educational specialists generally have the most contact with the parents.

Consultants recognize the need to be helpful and supportive and try to fulfill this role as much as possible. Family contact seems to happen through the teachers in the schools since CAPE does not have a formalized mechanism for involving the families in service delivery. However, parents may receive copies of all reports and are informed about assessments and, to some degree, about the involvement of CAPE staff with their children.

In-district parents who completed the questionnaire (7/85) indicated that they were moderately satisfied with CAPE assessment services and with family involvement, respectively (means of 4.7 and 4.2 respectively on a seven point satisfaction scale). They were dissatisfied, however, with consultation services provided by CAPE and with family involvement in the consultation process (means of 3.6 and 3.4 respectively on a seven point satisfaction scale). Moreover, out-of-district parents (10/85) were dissatisfied with CAPE assessment and consultation services and family involvement during service delivery (means of 4.3, 3.8, 5.0 and 3.4 respectively).

3.19 ASSESSMENT OF TRANSPORTATION ARRANGEMENTS RESPECTING THE DELIVERY OF CAPE SERVICES

Transportation

Since the majority of assessments and all consultations are conducted in the student's natural environment, procedures have been established to handle transportation arrangements for staff providing assessments, consultations and inservices.

Presently, a travel agency handles all out-of-district travel arrangements by air and bus, and books appropriate accommodations. Auto travel, both in-district and out-of-district, is by staff vehicle, with reimbursement for the number of miles/kilometers travelled.

To date, no major problems have been experienced, and the present system is meeting the needs of the staff to provide the appropriate level of service.

Time Allocation and Caseloads

All CAPE staff claim they are over-worked and over-loaded. The sizeable workloads would make it difficult under existing conditions to extend services to other groups such as Dependent Handicapped, Hearing Impaired, Visually Impaired and Physically Handicapped.

One possible solution might involve including only Dependent Handicapped in urban centres. In rural areas, use of an itinerant teacher model with the assistance of CAPE consultants seems most appropriate. Itinerant teachers would have training and preparation in Sensory Impairment areas.

3.20 ASSESSMENT OF PUBLIC AWARENESS OF CAPE SERVICES

Profile Of CAPE Services To Schools

At the start of each school year, information packets are distributed to all school jurisdictions throughout Northern Alberta to inform school staff about the services provided by the CAPE Program. The information packet provides information respecting the following:

- CAPE services and staff resources;
- Assessment and consultation services and inservices;
- Eligibility;
- CAPE service areas and service area teams; and
- Letters of correspondence and referral.

In general, school staff working with sensory, multi-handicapped students, both in-district and out-of-district, are well informed about the services provided by the CAPE Program. In many cases, however, school staff are not aware of the extensive client base served by the CAPE Program. This problem is particularly evident among many in-district school staff who do not have an appreciation for the demands placed on CAPE staff by out-of-district school jurisdictions, and do not understand that the Service Area Teams provide services to more than 35 school jurisdictions in Northern Alberta.

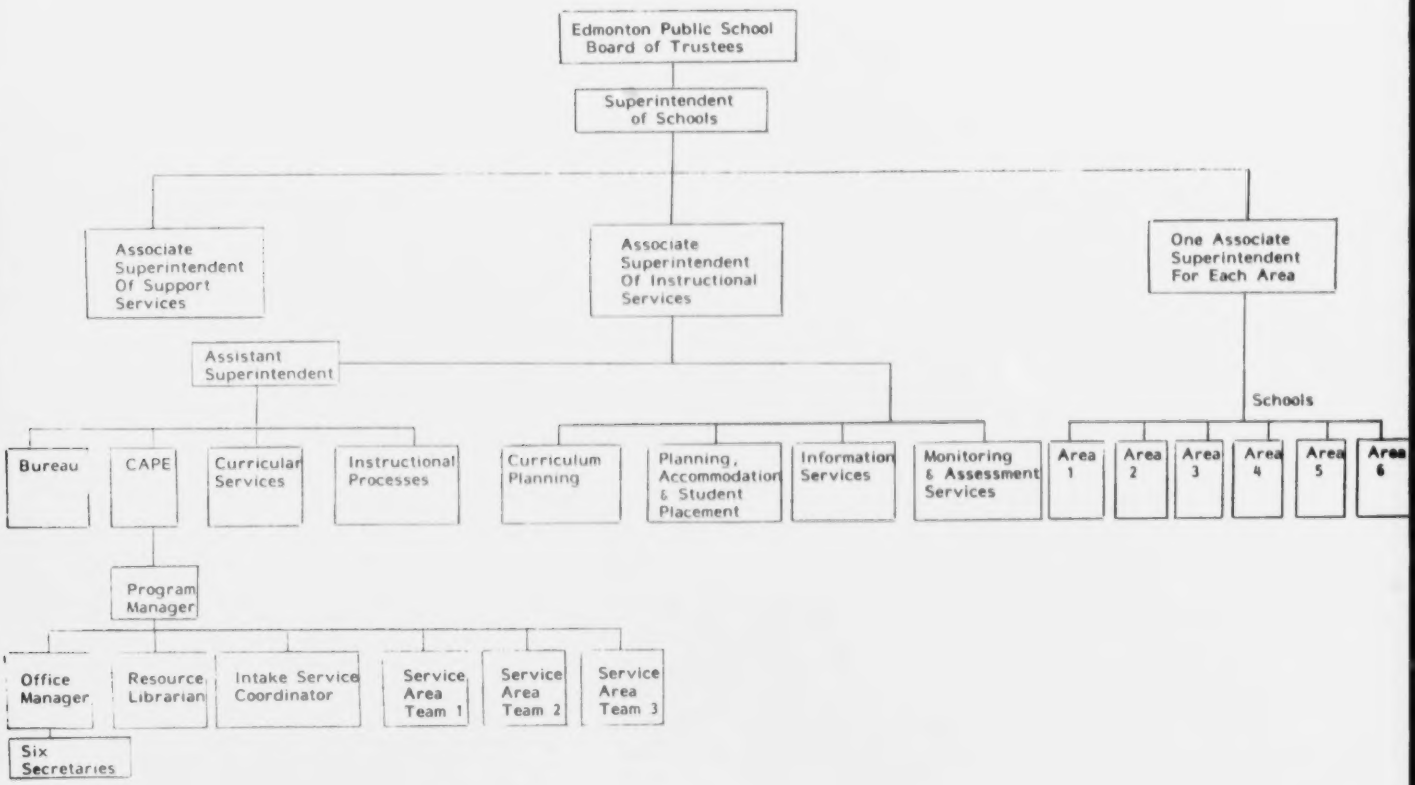
The level of awareness of the program among school staff not involved with sensory, multi-handicapped student varies according to number of CAPE students in the teachers school, previous involvement with CAPE, and information dissemination within the school respecting the CAPE information packets.

3.21 ASSESSMENT OF CAPE ORGANIZATIONAL STRUCTURE

On March 2, 1982, a contract was signed by the Board of Trustees of the Edmonton School District No. 7 and the Minister of Education. The contract specifies the terms and conditions by which the CAPE Program was established to provide various educational services to multi-handicapped sensory-impaired children who reside in Northern Alberta.

EXHIBIT VIII

ORGANIZATIONAL STRUCTURE OF EDMONTON PUBLIC SCHOOL BOARD AND THE CAPE PROGRAM



In order to administer the CAPE Program, an organizational structure was established within the context of the Edmonton Public School Board. Exhibit VIII presents the current organizational structure of the CAPE Program and its relationship to other components of the Edmonton Public School District.

It is interesting to note from Exhibit VIII how the CAPE Program is nested within the overall structure of the Edmonton Public School Board. There are a total of eight Associate Superintendents; two staff (services) and six line (schools).

3.21.1 Assessment of Specific Components of CAPE Organizational Structure

This section of the report focuses on the following issues respecting the organizational structure of the CAPE Program:

- Culture;
- Supervision and Quality Control; and
- Decision-making.

Organizational Culture

Culture consists of the beliefs, concepts, values, ceremonies and rituals that take place in an organization. Cultural values provide employees with a sense of what they ought to be doing, and how they should behave to be consistent with organization goals.

It is clear that the present Program Manager of CAPE has instilled respect in his staff for the following values:

- professionalism;
- competency;
- efficiency; and
- helpfulness.

Specific administrative, protocol and performance evaluation criteria have been established by the Program Manager to ensure the staff are aware of and act according to these values.

For example, each year a staff opinion survey is used as a vehicle to obtain feedback respecting level of satisfaction of the operation of the Division, the Department and the CAPE Branch. In 1984, a nominal group exercise was utilized to obtain staff input on the organization development of the Division.

Supervision and Quality Control

The present Program Manager is responsible for supervising approximately 40 staff. A time budget analysis indicates that the Program Manager spends 60 percent of his time on Administration and 40 percent on Consultation. The former includes working with the Intake Coordinator, Office Manager, and Librarian, as well as supervision of all staff. The latter comprises discussions with superintendents to assess consumer satisfaction and contracting for service.

Supervision of staff is accomplished by applying, on a weekly basis, supervision indicators to an automated data base. When the data fall outside the performance boundaries the Program Manager discusses the situation with the appropriate staff member. Examples of supervision indicators include:

- number of assessments completed;
- number of reports completed;
- turn around time for assessment;
- turn around time for report;
- number of pages in an assessment report; and
- consumer satisfaction.

Although a substantial amount of data are collected, the Program Manager utilizes the information efficiently and effectively. The Program Manager maintains a well focused results-oriented perspective in supervising his staff and in meeting client satisfaction. The CAPE organization structure has evolved since it's inception, and at present, seems to be working well.

At present there is no mechanism to validate and ensure quality control of the professionals on each of the Service Area Teams. This is a serious weakness and the Program Manager has been planning a peer review process. While this is the first step toward addressing the issue of quality control, a more rigorous approach would be to have an external review team provide the assessment. (See previous sections)

Decision-making

In the organizational structure, decision discretion is allocated to various positions and the distribution of formal authority is established.

By establishing the pattern of prescribed communication and reporting requirements, the structure provides some participants with more and better information and more central locations in the communication network.

At present, each Service Area Team has the authority for making decisions respecting assessments and consultations. However, the final responsibility rests with the Program Manager, and he makes his decision respecting allocation of staff resources for assessments and consultation when he reviews a 'contract for service, which is prepared for all children who are eligible for CAPE services.

3.22 EVALUATION OF THE CAPE PROGRAM

The outcome of this study is to evaluate the efficacy, effectiveness, and efficiency of the CAPE Program.

Efficacy means that a program is achieving its intended purpose. Efficiency is the production of a desired effect with expending the least number of resources. Effectiveness is the accomplishment of a desired result. The project team has applied these criteria throughout the evaluation process.

The project team was deeply impressed by the efforts of the CAPE Program to serve the needs of sensory impaired multi-handicapped children in Northern Alberta. The philosophy of the CAPE Program of promoting the dignity and worth of each child, regardless of the severity of their handicapping conditions, is also very positive and should be publicly supported. The view that every child has the right to be provided the means by which to develop his/her abilities to the fullest potential, and to achieve the highest possible quality of living experience, should continue to be nurtured and encouraged.

3.22.1 Efficacy of the CAPE Program

The context for evaluating the efficacy of the CAPE Program is the contract that was signed by the Edmonton Public School Board and the Minister of Education, on March 2, 1982. The contract stipulated that the parties desire to establish CAPE to provide various educational services to multi-handicapped sensory-impaired children who reside in Northern Alberta.

The data indicate that assessment services are being delivered relatively well to both in-district and out-of-district jurisdictions. However, with respect to consultation services, there is an imbalance in the percentage of time spent in delivering services to the out-of-district schools. Specifically, only 11 percent of total CAPE staff time is spent delivering consultation services in the outlying areas compared to 25 percent in-district. This imbalance needs to be corrected.

In addition, in-service is well received. This could be pursued more vigorously for both out-of-district and in-district jurisdictions.

3.22.2 Effectiveness of the CAPE Program

Effectiveness means achieving a desired result. In the case of the CAPE Program, this would encompass the provision of various educational services to multi-handicapped sensory-impaired children, their educators, and parents who reside in Northern Alberta.

In general, the CAPE Program is effective in meeting its objectives. However, there are specific weaknesses inherent in the program and these have been discussed in detail, throughout the report.

One of the most important areas for improvement is in the contracting for CAPE services by the schools and local jurisdictions. For example, Exhibit IV notes that approximately 61 percent of Resource Team time is spent on assessments in out-of-district, while only 31 percent of Resource Team time spent on consultations is in the outreach areas.

Based on an examination of several assessment reports, interviews with teachers during the site visits, and an analysis of the questionnaire data, the project team concludes that out-of-district assessment reports are rich and robust. However, the out-of-district teachers have difficulty in translating this information into an IEP. Thus, the gap between assessment and IEP development needs to be corrected. A more practical use of resources would be to spend less time on report preparation and more time with the out-of-district teachers in IEP development and/or consultation.

Additional issues have arisen with respect to contracting for service. For example, Exhibit III indicates that 11 percent of staff time is spent providing out-of-district consults as compared with 25 percent for in-district consults. Upon completion of an assessment report, CAPE provides the teacher and superintendent with a schedule of essential consultations. The schedule provides a framework within which monies are budgeted by the superintendent for consults, and within which the teacher can request consultation services. This framework is useful but it may also inhibit both the teacher and the superintendent from requesting additional consults.

The project team believes the CAPE staff are unable to serve out-of-district consultative needs because of the heavy caseload in-district, and the split assignments for some staff tend to keep these staff focused on in-district needs for both the sensory impaired multi-handicapped and the children with single handicapping conditions.

Lastly, the costs associated with out-of-district consults (travel costs and 15% charge-back) may be inhibiting superintendents from requesting CAPE services. In this regard, the merits of a unit pricing scheme should be examined whereby the total costs of consultation services to a region in Northern Alberta would be allocated equally among all of the schools within that jurisdiction.

3.22.3 Efficiency of the CAPE Program

Efficiency is the production of a desired effect while expending the least number of resources. The project team believes that CAPE services are efficiently delivered. The matrix management approach to the constitution of assessment and consultation teams, and the results oriented management style employed by the Program Manager are the key factors.

CAPE/CORE PROGRAM EVALUATION

PROGRAM MANAGER

QUESTIONNAIRE

PART I: STUDENT PROFILE

This part of the questionnaire deals with information respecting students.

ANSWERS TO THE FOLLOWING QUESTIONS SHOULD BE RECORDED ON THE TABLE BELOW:

1. How many students, by type, are presently being serviced?

2. a) What proportion of the total target student population in your region are you now serving?

   b) Do you feel that this proportion (of the potential target student group) is adequate?

	Number of Students	Proportion of Students Population Served	Indicate Yes or No
Visually Impaired Multi-Handicapped			
Hearing Impaired Multi-Handicapped			
Aphasic or Autistic (Severe Behaviour Disorder)			
Both Hearing and Visually Impaired			
Other (Specify)			

3. What steps, if any, are you taking to expand service delivery to a greater proportion of the potential student population in your region? (PROBE: Revising assessment criteria, expanding existing facilities, staff and/or programs, upgrading transportation, reorganizing service delivery, enhanced contact and/or inservice with screening agencies)

4. a) Are there operational definitions of the different types of target student groups?

___ Yes ___ No

b) If yes, are you satisfied with these definitions?

___ Yes ___ No

5. What are the two WORST things about these definitions?

(1) _____

_____

(2) _____

_____

6. What are the two BEST things about these definitions?

(1) _____

_____

(2) _____

_____

7. What improvements would you make to these definitions?

_____

_____

_____

_____

_____

8. Please list the five (5) most frequently used referral agencies.

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

9. a) Are there any other types of target student groups which are NOT presently in your mandate but to whom you believe you should extend service.

___ Yes ___ No

b) If yes, please indicate the type of target student group.

PART II: ASSESSMENT SERVICES

This part of the questionnaire addresses issues respecting the assessment services of the program.

1. Where do assessments generally take place?

2. Please describe the procedures and personnel involved in undertaking a student assessment.

3. How many assessment instruments are used for each student type?

	Number of Instruments
Visually Impaired Multi-Handicapped	
Hearing Impaired Multi-Handicapped	
Aphasic or Autistic (Severe Behaviour Disorder)	
Both Hearing and Visually Impaired	
Other (Specify)	

4. Are the assessment instrument(s) primarily:

___ standardized assessment instruments
___ developed specifically for CAPE
___ other (specify) _____

5. Please indicate the criteria upon which assessment instrument(s) are selected. (e.g. functional, developmental, health related aspects, family oriented, easy to use and administer, comprehensive)

_____

_____

_____

6. What other assessment instruments were considered, or previously used, and why are they NOT presently being used?

_____

_____

_____

_____

7. Would you say that the following aspects of CAPE assessment services are adequate?

a) Assessment Instruments

___ Yes ___ No

Please specify _____

_____

_____

b) Interpretation of Assessment Results (PROBE: Correctness and comprehensiveness)

___ Yes ___ No

Please specify _____

_____

_____

c) Follow-up to Assessment

___ Yes ___ No

Please specify _____

_____

_____

d) Facilities and Equipment (PROBE: Accessibility)

___ Yes ___ No

Please specify _____

_____

_____

e) Record Keeping

___ Yes ___ No

Please specify _____

f) Transportation to Assessment

___ Yes ___ No

Please specify _____

g) Level of Funding for Assessment

___ Yes ___ No

Please specify _____

8. a) Are there other aspects of assessment which are inadequate?

___ Yes ___ No

b) If so, please specify _____

9. a) Are there areas of functioning which you CANNOT test with currently available instruments or procedures?

___ Yes ___ No

b) Please specify _____

_____

_____

10. What is the length of the assessment period?

___ Days

11. a) Is the length of the assessment period appropriate to the needs of the student?

___ Yes ___ No

b) If not, what would be a more appropriate timeframe, and what steps would you take to implement this new timeframe?

___ Days

c) Please specify steps _____

_____

_____

_____

_____

12. Are you satisfied with the present level of family involvement in the assessment process?

___ Yes ___ No

13. How is the family involved in the assessment process?

_____

_____

_____

_____

_____

14. How are assessment results shared with the family?

15. What are the two WORST things about family involvement in the assessment process?

(1)

(2)

16. What are the two BEST things about family involvement in the assessment process?

(1)

(2)

17. What improvements could be made to enhance family involvement in the assessment process?

18. a) Are follow-up assessments conducted on a regular basis?

___ Yes ___ No

b) Please state reasons why follow-up assessments are (are not) conducted. i.e., what are they used for? (PROBE: Program modification, community adjustment, staff/student/peer interactions)

19. Do teachers from the referring schools know about CAPE assessment services?

___ Yes ___ No

20. How are teachers from the referring schools involved in the assessment process?

21. What are the two WORST aspects of teacher involvement in the assessment process?

(1)

(2)

22. What are the two BEST aspects of teacher involvement in the assessment process?

(1) _____

_____

(2) _____

_____

23. What improvements could be made to enhance teacher involvement in the assessment process?

_____

_____

_____

_____

_____

24. a) Are there established procedures for referring potential target student groups to CORE?

___ Yes ___ No

b) If no, why not?

_____

_____

_____

_____

_____

c) If yes, please outline procedures.

_____

_____

_____

_____

_____

25. What are the two WORST things about the assessment referral procedures?

(1) _____

_____

(2) _____

_____

26. What are the two BEST things about the assessment referral procedures?

(1) _____

_____

(2) _____

_____

27. What improvements could be made to enhance the assessment referral process?

_____

_____

_____

_____

_____

28. What criteria are used to determine whether an assessment should be administered?

_____

_____

_____

_____

29. a) Do you have ongoing contact with screening agencies?

___ Yes ___ No

b) If yes, what is the nature of this contact? (PROBE: How do you communicate - formal/informal).

30. a) Is this contact adequate?

___ Yes ___ No

b) Please specify _____

31. a) Are there adequate staff resources to meet the assessment needs of the program?

___ Yes ___ No

b) If not, could you outline specific actions required to resolve this deficiency. (PROBE: Hire more staff, restructure assessment team, revise approach to assessment).

32. What is the average length of time between requesting an assessment and conducting an assessment?

33. What is the average number of students on the waiting list for assessments?

34. Do you complete assessments for all students by the end of the school year?

___ Yes ___ No

35. What is the relationship between the assessment and the student's program?

36. a) Does CORE staff consult to the other school districts program staff and other service staff (e.g. curriculum, building services).

___ Yes ___ No

b) If yes, please specify.

c) If no, why not?

38. a) Do assessment reports provide sufficient information for the purpose of preparing individualized program plans?

___ Yes ___ No

b) If no, why not?

39. Indicate whether assessment reports explicitly discuss the following requirements for individualized program plans?

a)	functional competencies	___	Yes	___	No
b)	developmental levels	___	Yes	___	No
c)	health related aspects	___	Yes	___	No
d)	family priorities	___	Yes	___	No
e)	stated goals/objectives	___	Yes	___	No
f)	target dates	___	Yes	___	No
g)	education and treatment techniques	___	Yes	___	No
h)	required level of resources/support	___	Yes	___	No
i)	monitoring of client progress	___	Yes	___	No
j)	regular/periodic review and evaluation	___	Yes	___	No

PART III: CONSULTATIVE SERVICES

This part of the questionnaire addresses issues respecting the consultative services of the program.

1. Where do consultations generally take place?

2. Please describe the procedures and personnel involved in undertaking a student consultation.

3. What is the nature of consultative services to the student's teachers or the students program staff? (PROBE: General consults re: progress; specific issues or problems addressed e.g. functional competencies, developmental levels, etc.)

4. Would you say that the following aspects of CAPE consultative services are adequate?

a) Consultation Process

___ Yes ___ No

Please specify _____

_____

_____

b) Follow-up to Consultation Process

___ Yes ___ No

Please specify _____

_____

_____

c) Record Keeping

___ Yes ___ No

Please specify _____

_____

_____

d) Accessibility to Significant Partners in the Consultation Process. (e.g. Teacher or family in rural area)

___ Yes ___ No

Please specify _____

_____

_____

e) Level of Funding for Consultation Services

___ Yes ___ No

Please specify _____

_____

_____

5. a) Are there other aspects of the consultation process which are inadequate?

___ Yes ___ No

b) If so, please specify.

_____

_____

_____

_____

_____

6. a) Are consultations conducted routinely for all students?

___ Yes ___ No

b) If no, why not?

_____

_____

_____

_____

c) If yes, how frequently are they conducted?

_____

7. a) Is this an appropriate timeframe?

___ Yes ___ No

b) If no, why not.

8. What steps should be taken to implement a new timeframe, and what should this timeframe be?

9. a) Are schools aware of the CAPE consultative services?

___ Yes ___ No

b) If yes, how are they made aware?

c) If no, why not?

10. a) Are parents of the students who have been assessed aware of the consultative services of CAPE?

___ Yes ___ No

b) If yes, then how are they made aware?

c) If no, why not?

11. a) Are there established procedures for requesting consultative services?

___ Yes ___ No

b) If no, why not?

c) If yes, please outline procedures.

12. What is the average length of time between requesting a consultation and conducting a consultation?

13. What is the average number of students on the waiting list for consulations?

14. Do you complete consultations for all students by the end of the school year?

___ Yes ___ No

15. a) Are there adequate staff resources to meet the consultative needs of the program?

___ Yes ___ No

b) If not, could you outline specific actions required to resolve this deficiency. (PROBE: Hire more staff - specify restructure consultative team, revise approach to consultative).

PART IV: ORGANIZATION STRUCTURE

1. a) Is there a description of the roles, responsibilities and internal reporting relationships for CAPE staff, and an accompanying/illustrative organization chart?

___ Yes ___ No

b) Please explain.

2. a) Is there an organization chart which describes the external relationships between CAPE staff and the school district?

___ Yes ___ No

b) If yes, please explain.

3. Please explain how the organization structure of CAPE facilitates the provision of services to pre-schoolers?

4. a) Do you find that the internal organization structure has stressful impacts on the staff?

___ Yes ___ No

b) If yes, please explain.

5. Does the structure assist in:

a) Role Sharing ___ Yes ___ No

b) Role Release ___ Yes ___ No

c) Community Involvement ___ Yes ___ No

(e.g. School, family, social services agency)

d) Community Awareness ___ Yes ___ No

6. If yes, please explain.

7. How does the organization structure assist in promoting community awareness?

8. What evidence do you have that community awareness is (is not) adequate?

9. How does the organization structure assist in promoting community involvement?

10. What evidence do you have that community involvement is (is not) adequate?

11. What are the two WORST things about the organizational structure?

(1)

(2)

12. What are the two BEST things about the organizational structure?

(1) _____

_____

(2) _____

_____

13. In what ways could the organization structure be changed to enhance program delivery?

_____

_____

_____

_____

_____

14. a) List two improvements which could be made to the relationship between the CAPE program and the school district.

(1) _____

_____

(2) _____

_____

15. a) Is there an Advisory Board?

___ Yes ___ No

If yes:

b) What is its purpose?

_____

_____

_____

_____

_____

c) How does it function?

d) Who are its members and how many are there?

e) How are members selected?

f) If no, do you think it is appropriate to have an Advisory Board?

___ Yes ___ No

PART V: STAFF

Questions in this section are intended to provide information about staff size, recruitment, qualifications, caseload and training.

COMPLETION OF THE TABLE BELOW WILL ANSWER THE FOLLOWING QUESTIONS:

1. How many approved FTE staff positions are there in each discipline.

2. What proportion of staff time is spent on a) assessment, and b) consultation.

3. Indicate those disciplines in which staff recruitment problems have been encountered. (Indicate Yes or No)

Discipline	Number of Staff	Assessment Team	Consultation Team	Recruitment Problems
School Psychologist				
Physiotherapist				
Physiotherapy Aide				
Occupational Therapist				
Occupational Therapy Aide				
Speech Therapist				
Speech Therapy Aide				
Behavioural Counsellor				
Family Counsellor				
Home Instructor				
Social Worker				
Audiologist				
Educational Diagnostician				
Teacher				
Medical Staff				
Orthoptist				
Adaptive Physical Education				
Other (Specify)				

4. Who is responsible for deciding upon the assignment of program staff to the a) assessment teams and b) cumulative teams.

a) _____

b) _____

5. How is the composition of the a) assessment team and b) consultation team decided?

   a) _____

   b) _____

6. If you have encountered problems in recruiting staff, please indicate the reasons for each discipline (e.g. shortage of qualified staff, high turnover, salaries are too low, that is, not competitive.

Discipline	Reason(s)

7. What is the average NUMBER of CAPE program staff and TIME involved in administering an assessment/consultation?

	Assessment	Consultation
Number of (CAPE Program Staff)		
Time Required		
Total Person Hours		

8. In addition to the total person hours involved in administering an assessment/consultation, how many person hours are generally involved in the following:

	Assessment	Consultation
Travel Time		
Meetings		
Other (Specify)		

9. On average, how many assessments/consultations are administered on a monthly basis during the school year and outside the school year?

	Assessment	Consultation
During School Year		
Outside School Year		

10. a) Would you say that the present assessment caseload is adequate?

___ Yes ___ No

b) Would you say that the present consultative caseload is adequate?

___ Yes ___ No

11. If not, what steps do you think are necessary to rectify the problems.

12. Please describe your existing in-service training program.

13. What are the objectives of the in-service training program?

14. Do you have an in-service training manual? (obtain)

___ Yes ___ No

15. What professional development or upgrading opportunities do you have for your staff?

16. What proportion of your professional staff has turned over during the 1983-84 school year?

17. What disciplines have experienced the greatest turnover during the 1983-84 school year?

18. What two factors have contributed to staff turnover during the 1983-84 school year?

19. What difficulties have you experienced in replacing staff during the 1983-84 school year?

PART VI: PROFILE OF CAPE SERVICES TO SCHOOLS

This part of the questionnaire deals with the extent to which school staff are informed about CAPE.

1. a) Do you think school staff IN the Edmonton school district are well informed about the CAPE program?

___ Yes ___ No

b) If, yes, what evidence do you have that they are well informed?

c) If no, what steps can be taken to adequately inform school staff?

2. What aspects of CAPE do you think school staff IN the Edmonton school district are least informed. (PROBE: Admission requirements, financial arrangements, program support)

3. a) Do you think school staff OUTSIDE of the Edmonton school district are well informed about the CAPE program?

___ Yes ___ No

b) If yes, what evidence do you have that they are well informed?

c) If no, what steps can be taken to adequately inform school staff?

4. What aspects of CAPE do you think school staff OUTSIDE the Edmonton school district are least informed? (PROBE: Admission requirements, financial arrangements, program support)

PART VII: TRANSPORTATION

1. Please describe transportation arrangements, including facilities and equipment:

a) For students going to assessment.

b) For staff going to assessments.

c) For students going to consultation.

d) For staff going to consultation.

2. Do you think that existing transportation arrangements are adequate for:

a)	Students going to assessment	___	Yes	___ No
b)	Staff going to assessment	___	Yes	___ No
c)	Students going to consulation	___	Yes	___ No
d)	Staff going to consultation	___	Yes	___ No

3. List two improvements which could be made to the existing transportation arrangements for:

a) Students going to assessment.

(1) _____

_____

(2) _____

_____

b) Staff going to assessment.

(1) _____

_____

(2) _____

_____

c) Students going to consultation.

(1) _____

_____

(2) _____

_____

d) Staff going to consultation.

(1) _____

_____

(2) _____

_____

CAPE/CORE PROGRAM EVALUATION

TEACHER QUESTIONNAIRE

APPENDIX II

PART I: BACKGROUND INFORMATION

This part of the questionnaire provides us with background information.

ANSWERS TO THE FOLLOWING QUESTION SHOULD BE RECORDED ON THE TABLE BELOW:

1. What is the name of the school?

2. How many students, by type, have you been responsible for during the 1983/84 and 1984/85 school years? (Who has been involved in the CAPE program)?

	Number of Students	
	1983/84	1984/85
Visually Impaired Multi-Handicapped		
Hearing Impaired Multi-Handicapped		
Autistic (Severe Behaviour Disorder)		
Severe Communication Disorder		
Both Hearing and Visually Impaired		
Other (Specify		
Other NOT Appropriate For CAPE		

3. How long have you been at your present school?

_____ Years

4. How long have you been teaching sensory impaired multi-handicapped children?

_____ Years

5. How long have you been a teacher?

_____ Years

6. What teaching degrees and/or certificate do you have?

PART II: ASSESSMENT SERVICES

This part of the questionnaire addresses issues respecting the assessment services of the program.

1. Are you satisfied with the ASSESSMENT services provided by the CAPE program? (Circle one number below)

Very Dissatisfied					Very Satisfied	
1	2	3	4	5	6	7

2. Would you say that the following aspects of CAPE assessment services are adequate?

   a) Interpretation of Assessment Results (PROBE: Correctness and comprehensiveness)

   ____ Yes ____ No

   Please specify

   b) Follow-up to Assessment

   ____ Yes ____ No

   Please specify

3. a) Are there other aspects of assessment which are inadequate?

   ____ Yes ____ No

b) If so, please specify _____

4. What two improvements should be made to the assessment services provided by the CAPE program?

(1) _____

(2) _____

5. What are the two BEST things about the assessment services provided by the CAPE program?

(1) _____

(2) _____

6. List TWO ways in which the student has benefitted from the assessment.

(1) _____

(2) _____

7. Are you satisfied with the degree of involvement of the teacher (yourself) in the assessment process? (Circle one number)

Very Dissatisfied Very Satisfied
1 2 3 4 5 6 7

8. How are you, as a teacher, involved in the assessment process?

9. What improvements should be made to teacher involvement in the assessment process?

(1)

(2)

10. What are the two BEST aspects of teacher involvement in the assessment process?

(1)

(2)

11. What improvements could be made to enhance teacher involvement in the assessment process?

12. a) Are you aware of any established procedures for referring potential target student groups to CAPE?

____ Yes ____ No

b) If no, why not?

c) If yes, please outline procedures.

13. What two improvements should be made to the assessment referral procedures?

(1)

(2)

14. What are the two BEST things about the assessment referral procedures?

(1)

(2)

15. What improvements could be made to enhance the assessment referral process?

16. What is the average length of time between requesting an assessment and conducting an assessment?

17. Who prepares the individualized program plan for the students?

____ Referring Teacher ____ CAPE Program Staff

18. If you, as a teacher, are responsible for preparing an individual program plan for the student, how does the assessment report from the CAPE Program assist you?

Please Explain:

19. If the CAPE staff prepare an individualized program plan is it easy to implement?

____ Yes ____ No

Please Explain:

PART III: CONSULTATIVE SERVICES

This part of the questionnaire addresses issues respecting the consultative services of the program.

1. Where do consultations generally take place?

_____ Student's School _____ CAPE Centre

2. What is the nature of consultative services to the student's teachers or the student's program staff?

3. Would you say that the following aspects of CAPE consultative services are adequate?

a) Consultation Process

___ Yes ___ No

Please specify

b) Follow-up to Consultation Process

___ Yes ___ No

Please specify

4. a) Are there other aspects of the consultation process which are inadequate?

___ Yes ___ No

b) If so, please specify.

5. a) Are consultations conducted routinely for students?

___ Yes ___ No

b) If no, why not?

c) If yes, how frequently are they conducted?

6. a) Are schools aware of the CAPE consultative services?

___ Yes ___ No

b) If yes, how are they made aware?

7. a) Are there established procedures for requesting consultative services?

___ Yes ___ No

b) If no, why not?

c) If yes, please outline procedures.

8. What is the average length of time between requesting a consultation and conducting a consultation?

9. List TWO ways in which you, as a teacher, have been helped by a consultation with CAPE staff.

(1)

(2)

PART IV: PROFILE OF CAPE SERVICES TO SCHOOLS

This part of the questionnaire deals with the extent to which school staff are informed about CAPE.

1. a) Do you think school staff IN the Edmonton school district are well informed about the CAPE program?

___ Yes ___ No

b) If, yes, what evidence do you have that they are well informed?

c) If no, what steps can be taken to adequately inform school staff?

2. What aspects of CAPE do you think school staff IN the Edmonton school district are least informed?

3. a) Do you think school staff OUTSIDE of the Edmonton school district are well informed about the CAPE program?

___ Yes ___ No

b) If yes, what evidence do you have that they are well informed?

c) If no, what steps can be taken to adequately inform school staff?

4. What aspects of CAPE do you think school staff OUTSIDE the Edmonton school district are least informed?

5. Thank you for completing this questionnaire. If you would like a member of Rutland Consulting to contact you by telephone, please leave your name and phone number. All information will remain CONFIDENTIAL.

CAPE/CORE PROGRAM EVALUATION

FAMILY QUESTIONNAIRE

PART I: ASSESSMENT SERVICES

This part of the questionnaire addresses issues respecting the assessment services of the CAPE program.

1. When was your child assessed by CAPE staff?

   _____ Year

2. Are you satisfied with the ASSESSMENT services provided by the CAPE program? (Circle one number below)

   Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied

3. How satisfied are you with the present level of family involvement in the assessment process?

   Very Dissatisfied 1 2 3 4 5 6 7 Very Satisfied

4. How was your the family involved in the assessment process?

   _____

   _____

   _____

   _____

   _____

5. How were assessment results shared with your family?

   _____

   _____

   _____

   _____

   _____

6. What two improvements should be made with respect to family involvement in the assessment process?

(1) _____

_____

(2) _____

_____

7. What are the two BEST things about family involvement in the assessment process?

(1) _____

_____

(2) _____

_____

8. What improvements can be made to enhance family involvement in the assessment process?

_____

_____

_____

_____

_____

PART II: CONSULTATIVE SERVICES

This part of the questionnaire addresses issues respecting the consultative services of the program.

1. a) Are parents of the students who have been assessed aware of the consultative services of CAPE?

___ Yes ___ No

b) If yes, then how are they made aware?

c) If no, why not?

2. Are you satisfied with the CONSULTATIVE services provided by the CAPE program? (Circle one number below)

Very Dissatisfied						Very Satisfied
1	2	3	4	5	6	7

3. Are you satisfied with the present level of family involvement in the consultative process?

Very Dissatisfied						Very Satisfied
1	2	3	4	5	6	7

4. How was your family involved in the consultative process?

5. How are consultative results shared with your family?

6. What improvements should be made with respect to family involvement in the consultative process?

(1)

(2)

7. What are the two BEST things about family involvement in the consultative process?

(1)

(2)

8. What improvements could be made to enhance family involvement in the consultative process?